

Fill in this information to identify the case:

Debtor 1 FP Retail Associates LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30046

Official Form 410**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Home Expressions Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent? <u>Coface North America Insurance Company</u> <small>Name</small> <u>650 College Road East, Suite 605</u> <small>Number Street</small> <u>Princeton, NJ 08540</u> <small>City State ZIP Code</small> Contact phone <u>609-469-0459</u> Contact email <u>amy.schmidt@coface.com</u> <small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small> _____	Where should payments to the creditor be sent? (if different) <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> _____ <small>Contact phone</small> _____ <small>Contact email</small> _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;"><small>MM / DD / YYYY</small></div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 4 8 3

7. How much is the claim? \$ 2,394.00. Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.
Goods Sold

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No☐ Yes. Check one:

Amount entitled to priority

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.☒ I am the creditor's attorney or authorized agent.☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/06/2018
MM / DD / YYYY

/s/ Amy Schmidt

Signature

Print the name of the person who is completing and signing this claim:

Name Amy Schmidt
First name Middle name Last name

Title agent

Company Coface North America Insurance Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 650 College Road East, Suite 2005
Number Street

Princeton NJ 08540
City State ZIP Code

Contact phone 609-469-0459 Email amy.schmidt@coface.com

Home Expressions Inc.
Customer Open Balance

All Transactions						
Type	Date	Num	P. O. #	Due Date	Open Balance	Amount
Hobo 22						
Invoice	07/27/2018	45085	O000002162	08/26/2018	624.00	624.00
Invoice	08/16/2018	45245	o000002163	09/15/2018	408.00	408.00
Invoice	08/23/2018	45328	o000002258	09/22/2018	912.00	912.00
Invoice	09/12/2018	45513	O000002348	10/12/2018	450.00	450.00
Total Hobo 22					2,394.00	2,394.00
TOTAL					2,394.00	2,394.00



195 Raritan Center Pkwy
Edison, NJ 08837
Phone: (732)692-2100

Invoice

Date	Invoice
7/27/2018	45085

SHIP TO
Home Owners Bargain Outlet--- HOB0 7630 Roosevelt Road Forest Park, IL 60130

SHIP TO
Hobo 22 7630 Roosevelt Road Forest Park, IL 60130

P.O. NO.	TERMS	DUE DATE	REP	SHIP DATE	SHIP VIA	SALES ORDER	FOB
0000002162	NET 30 DAYS	7/27/2018	TC	7/27/2018	CUSTOMER PICK UP	35690	New Jersey

QUANTITY	CARTONS	ITEM	UPC	DESCRIPTION	PRICE	AMOUNT
48 Piece	1	BA-9009/CLE	847311078782	CLEAR TOILET BRUSH WITH HOLDER	1.10	\$52.80
24 Piece	1	BA-9097/CLE	847311000974	8G 70X72 PVC LINER WITH METAL GROMMETS AND 3 MAGNETS-CLEAR	2.50	\$60.00
36 Piece	1	BA-9095/FRO	847311009441	2.8G 70X72 PVC LINER WITH METAL GROMMETS AND 3 MAGNETS-FROSTED	1.25	\$45.00
6 Piece	1	BA-9052/BRO	847311064235	POWDER COATED IN BRONZE COLOR BATHROOM CORNER SHELF 4 TIER	8.50	\$51.00
48 Piece	2	BA-9097/FRO	847311009403	8G 70X72 PVC LINER WITH METAL GROMMETS AND 3 MAGNETS-FROSTED	2.50	\$120.00
12 Piece	1	BA-9388/BRZ	847311003982	TOILET PAPER RACK-BRONZE	5.85	\$70.20
12 Piece	1	ST-2643/GR	847311051693	OVER THE DOOR HOOK-SATIN NICKEL	3.75	\$45.00
12 Piece	1	ST-2951/GR	847311057657	OVER THE DOOR HOOK W GREY STONES-CHROME 18.7x4.3x11"	3.75	\$45.00
12 Piece	1	ST-2473/WHI	847311034252	PLASTIC BASKET WEAVE BIN-	2.75	\$33.00
12 Piece	1	BD-5231/TW	847311086978	WATERPROOF MATTRESS ENCASEMENT-TWIN 39"X75"+18" DEEP POCKET	8.50	\$102.00

Thank you for your order.

Total Cartons 11

Total Pieces 222

REMIT PAYMENT TO:Mail Checks To:

Home Expressions Inc.
195 Raritan Center Pkwy
Edison, NJ 08837

Wire Information:

ACH Routing: 021000322
Wire Routing: 026009593
Bank of America Acct. #: 483043588478

Subtotal \$624.00

Shipping

TOTAL \$624.00

Date 7/23/2018

BILL OF LADING

Ship From		Bill of Lading Number: 176466	
Name	Home Expressions, Inc		
Address	1 Jebara Way		
City/State/Zip	Monroe TownShip NJ 08831		
SID #			
Ship To		Carrier: FED EX FREIGHT	
Name	Hobo Stores	Seal #:	
Address	7557 78TH AVE	Pick up Number	15942627
City/State/Zip	BRIDGEVIEW IL 60455-	SCAC:	NA
CID #		Pro Number:	
Third Party Freight Charges Bill To			
Name	GLOBALTRANZ	Freight Charge Terms: (freight charges are collect unless marked otherwise) <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> 3rd Party	
Address	PO BOX 6348		
City/State/Zip	SCOTTSDALE AZ 85261		
Special Instructions: Cube:			

CUSTOMER ORDER INFORMATION

PO Number:	CTNS:	Weight:	Pallet / Slip	Additional Shipper Info
M000019883	15 ✓	453	Y Ticket 24505a	STORE 21 154209 ✓
n000021571	31 ✓	575	Y Ticket 24510a	STORE 47 154202 ✓
O000002162	11 ✓	358	Y Ticket 24504a	STORE 22 154204 ✓
o000012279	11 ✓	349	Y Ticket 24506a	STORE 24 154203 ✓
p000011296	16 ✓	463	Y Ticket 24511	STORE 23 154205 ✓
R000018350	19 ✓	501	Y Ticket 24507a	STORE 25 154208 ✓
s000018458	10	327	Y Ticket 24508a	STORE 26 154205 ✓
T000011962	10	302	Y Ticket 24509	STORE 27 154207 ✓
Grand Total	123	3,328		

CARRIER INFORMATION

Handling Units		PACKAGE		WEIGHT	H.M.	Commodity Description	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. see section 2(a) of NMFC Item	NMFC	CLASS
8	PLTS	123	CTNS	3,328				125

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows. "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$ _____
 Fee Terms: Collect ___ Prepaid ___, Customer Check Acceptable: __

Note Liability Limitation for loss of damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill Of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Re Kairey

this is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <u>Re Kairey</u>	Trailer Loaded	Freight Counted	Carrier Signature/Pickup Date Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. X
	By Shipper	By Shipper	
	X By Driver	X By Driver/pallets said to contain X By Driver/pieces	

GLOBALTRANZ.

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO : 15942627

Shipper Home Expressions - HO195
Address 1 Jebra way
 Monroe Township, NJ 08831
Country USA
Contact Name Shipping
Phone Number (732) 656-0700
Fax Number

Carrier : FEDEX FREIGHT
Shipment Date: 07/26/18
Carrier Pro# :
Ref # : 45802
Carrier Quote # : F8210104CM14
P/O # : N21571


448253310-1

Consignee HOBO Store
Address 7557 78th Ave.
 Bridgeview, IL 60455
Country USA
Contact Name Barb
Phone Number (708) 924-9155
Fax Number

Third Party Billing Information:
 All charges are prepaid to:
 GlobalTranz
 PO Box 6348
 Scottsdale AZ 85261
 Direct billing inquiries to : (866) 275-1407
 GTZ BOL NO : 15942627

Comments/Special Instructions:

Pickup Remarks : Stores 21-27 + 47
Delivery Remarks :

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
8	8		Home decor	3328		0	0	0		false

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature:

Date: _____ **Trailer#:** _____

Driver's Signature: _____

Date: _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignor's Signature: _____

Consignee Signature: _____

Print Name: _____

Company Name: _____

Date: _____

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR

BSKIPS
 7-26-18





195 Raritan Center Pkwy
Edison, NJ 08837
Phone: (732)692-2100

Invoice

Date	Invoice
8/16/2018	45245

SHIP TO
Home Owners Bargain Outlet— HOBO 7630 Roosevelt Road Forest Park, IL 60130

SHIP TO
Hobo 22 7630 Roosevelt Road Forest Park, IL 60130

P.O. NO.	TERMS	DUE DATE	REP	SHIP DATE	SHIP VIA	SALES ORDER	FOB
o000002163	NET 30 DAYS	8/16/2018	TC	8/16/2018	CUSTOMER PICK UP	35772	New Jersey

QUANTITY	CARTONS	ITEM	UPC	DESCRIPTION	PRICE	AMOUNT
24 Piece	2	ST-2432/BLK	847311033491	PP WOVEN STRAP SMALL SHELF TOTE-	2.00	\$48.00
24 Piece	2	ST-2432/ESP	847311033477	PP WOVEN STRAP SMALL SHELF TOTE- 12"X6.5"X4.5"-ESPRESSO	2.00	\$48.00
24 Piece	2	ST-2432/GRY	847311033484	PP WOVEN STRAP SMALL SHELF TOTE-	2.00	\$48.00
24 Piece	2	ST-2432/IVO	847311033460	PP WOVEN STRAP SMALL SHELF TOTE-	2.00	\$48.00
12 Piece	1	ST-2433/BLK	847311033453	PP WOVEN STRAP SHELF TOTE-	3.00	\$36.00
24 Piece	2	ST-2433/IVO	847311033422	PP WOVEN STRAP SHELF TOTE-	3.00	\$72.00
12 Piece	1	ST-2431/WHI	847311084424	PP WOVEN STRAP LARGE TOTE-WHITE	4.50	\$54.00
12 Piece	1	ST-2431/IVO	847311033347	PP WOVEN STRAP LARGE TOTE-	4.50	\$54.00

Thank you for your order.

Total Cartons 13
Total Pieces 156

REMIT PAYMENT TO:

Mail Checks To:
Home Expressions Inc.
195 Raritan Center Pkwy
Edison, NJ 08837



Wire Information:
ACH Routing: 021000322
Wire Routing: 026009593
Bank of America Acct. #: 483043588478

Subtotal \$408.00
Shipping

TOTAL \$408.00

Date 8/10/2018

BILL OF LADING

Ship From		Bill of Lading Number: 179529	
Name	Home Expressions, Inc		
Address	1 Jebara Way		
City/State/Zip	Monroe TownShip NJ 08831		
SID #			
Ship To		Carrier: FED EX FREIGHT	
Name	Hobo 22	Seal #	
Address	7630 Roosevelt Road	Pick #	
City/State/Zip	Forest Park IL 60130-	SCA# 467926811-2	
CID #		Pro #	
Third Party Freight Charges Bill To			
Name	GLOBALTRANZ	Freight Charge Terms: (freight charges are collect unless marked otherwise)	
Address	PO BOX 6348	<input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> 3rd Party	
City/State/Zip	SCOTTSDALE AZ 85261		
Special Instructions: Cube:			

CUSTOMER ORDER INFORMATION				
PO Number:	CTNS:	Weight:	Pallet / Slip	Additional Shipper Info
0000002163	13	167	Y Ticket 24696	156588
Grand Total	13	167		

CARRIER INFORMATION				
Handling Units		PACKAGE		Commodity Description
QTY	TYPE	QTY	TYPE	LTL ONLY
1	PLTS	13	CTNS	125

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows. *The agreed or declared value of this property is specifically stated by the shipper to be not exceeding _____ per _____.

COD Amount: \$ _____
 Fee Terms: Collect _____ Prepaid _____ Customer Check Acceptable: _____

Note Liability Limitation for loss of damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill Of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

this is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>the carrier</i>	Trailer Loaded	Freight Counted	Carrier Signature/Pickup Date
	By Shipper	By Shipper	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. X <i>40EDDY Gorman 30/SEP/18-158</i>
	X By Driver	By Driver/pallets said to contain X By Driver/pieces	

17 CTNS ON 1 PLT



195 Raritan Center Pkwy
Edison, NJ 08837
Phone: (732)692-2100

Invoice

Date	Invoice
8/23/2018	45328

BILL TO
Home Owners Bargain Outlet--- HOBO 7630 Roosevelt Road Forest Park, IL 60130

SHIP TO
Hobo 22 7630 Roosevelt Road Forest Park, IL 60130

P.O. NO.	TERMS	DUE DATE	REP	SHIP DATE	SHIP VIA	SALES ORDER	FOB
o000002258	NET 30 DAYS	8/23/2018	TC	8/23/2018	CUSTOMER PICK UP	36077	New Jersey

QUANTITY	CARTONS	ITEM	UPC	DESCRIPTION	PRICE	AMOUNT
6 Piece	1	ST-2463/BLK	847311084332	PP WOVEN STRAP HANGING ORGANIZER 2-TIER-BLACK 10x6x19"H	4.00	\$24.00
6 Piece	1	ST-2463/LTGRY	847311084356	PP WOVEN STRAP HANGING ORGANIZER 2-TIER-LIGHT GREY	4.00	\$24.00
6 Piece	1	ST-2463/TEA	847311084363	PP WOVEN STRAP HANGING ORGANIZER 2-TIER-TEAL 10x6x19"H	4.00	\$24.00
12 Piece	1	HG-6083/ROS-GLD	847311072919	5PK TWISTED CHROME HANGERS - Rose	2.50	\$30.00
24 Piece	4	BA-9080/BAS	847311009786	WASTE BASKET-BLACK, SILVER	2.00	\$48.00
12 Piece	1	BA-9906	847311085391	TOILET BRUSH HOLDER-STAINLESS	6.00	\$72.00
6 Piece	1	LN-3330/GRY	847311030315	BAMBOO HAMPER WITH LID AND HANDLES - GREY 16"x12"x23.5"	10.00	\$60.00
6 Piece	1	LN-3330/ESP	847311030308	BAMBOO HAMPER WITH LID AND HANDLES - ESPRESSO 16"x12"x23.5"	10.00	\$60.00
6 Piece	1	LN-3330/NAT	847311030292	BAMBOO HAMPER WITH LID AND HANDLES - NATURAL 16"x12"x23.5"	10.00	\$60.00
8 Piece	2	ST-2421/WHI	847311065676	ROLLING UTILITY CART-	9.00	\$72.00
12 Piece	2	ST-2873/BLK-GR	847311053994	60" BASIC WARDROBE CLOSET-BLACK	10.00	\$120.00
12 Piece	2	ST-2873/TAN	847311035082	60" BASIC WARDROBE CLOSET-TAN	10.00	\$120.00
12 Piece	2	KI-7215	847311011161	DUST BIN 5L MAT FINISHED	4.00	\$48.00
8 Piece	4	KI-7728	847311082765	SQUARE 2-TIER FRUIT BASKET - MATTE	7.50	\$60.00
6 Piece	2	KI-7739	847311082840	BLOOM 2-TIER FRUIT BASKET - COPPER	7.00	\$42.00
8 Piece	2	KI-7842	847311082857	FLOWER 2-TIER FRUIT BASKET -	6.00	\$48.00

Thank you for your order.

Total Cartons 28
Total Pieces 150

REMIT PAYMENT TO:Mail Checks To:

Home Expressions Inc.
195 Raritan Center Pkwy
Edison, NJ 08837


Wire Information:

ACH Routing: 021000322
Wire Routing: 026009593
Bank of America Acct. #: 483043588478

Subtotal \$912.00
Shipping
TOTAL \$912.00

Date 8/22/2018

BILL OF LADING

Ship From		Bill of Lading Number: 180572
Name	Home Expressions, Inc	 * H O M E E X P 1 5 7 7 3 5 - *
Address	1 Jebara Way	
City/State/Zip	Monroe Township NJ 08831	
SID #		
Ship To		Carrier: EAGLE/THOROUGHbred
Name	Hobo 22	Seal #:
Address	7630 Roosevelt Road	Pick up Number
City/State/Zip	Forest Park IL 60130-	SCAC: NA
CID #		Pro Number:
Third Party Freight Charges Bill To		Freight Charge Terms: (freight charges are collect unless marked otherwise)
Name		<input checked="" type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> 3rd Party
Address		
City/State/Zip		
Special Instructions: Cube:		

CUSTOMER ORDER INFORMATION

PO Number:	CTNS:	Weight:	Pallet / Slip	Additional Shipper Info
000002258	28	564	Y Ticket 24816	157735
Grand Total	28	564		

CARRIER INFORMATION

Handling Units		PACKAGE		WEIGHT	H.M.	Commodity Description	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. see section 2(e) of NMFC item	NMFC	CLASS
1	PLTS	28	CTNS	564				125

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows. "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

COD Amount: \$ _____
 Fee Terms: Collect ___ Prepaid ___, Customer Check Acceptable: __

Note Liability Limitation for loss of damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill Of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

this is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Re Kairay</i>	Trailer Loaded	Freight Counted	Carrier Signature/Pickup Date Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. <i>Re Kairay</i> 8/23/18
	By Shipper	By Shipper	
	X By Driver	By Driver/pallets said to contain X By Driver/pieces	

28



195 Raritan Center Pkwy
Edison, NJ 08837
Phone: (732)692-2100

Invoice

Date	Invoice
9/12/2018	45513

SHIP TO
Home Owners Bargain Outlet---HOBO 7630 Roosevelt Road Forest Park, IL 60130

SHIP TO
Hobo 22 7630 Roosevelt Road Forest Park, IL 60130

P.O. NO.	TERMS	DUE DATE	REP	SHIP DATE	SHIP VIA	SALES ORDER	FOB
0000002348	NET 30 DAYS	9/12/2018	TC	9/12/2018	CUSTOMER PICK UP	36261	New Jersey

QUANTITY	CARTONS	ITEM	UPC	DESCRIPTION	PRICE	AMOUNT
36 Piece	1	BA-9095/CLE	847311009427	2.8G 70X72 PVC LINER WITH METAL GROMMETS AND 3 MAGNETS-CLEAR	1.25	\$45.00
36 Piece	1	BA-9095/WHI	847311009434	2.8G 70X72 PVC LINER WITH METAL GROMMETS AND 3 MAGNETS-WHITE	1.25	\$45.00
12 Piece	1	BA-9187	847311001971	TOILET BRUSH HOLDER-HIGHT 10.6"	3.00	\$36.00
12 Piece	1	BA-9395/ORB	847311004057	TISSUE RACK-ORB	6.00	\$72.00
24 Piece	1	BA-9179/FLM	847311077372	STRIPED JACQUARD SHOWER CURTAIN-	3.50	\$84.00
24 Piece	1	BA-9179/BOX	847311076696	STRIPED JACQUARD SHOWER CURTAIN-	3.50	\$84.00
24 Piece	1	BA-9179/FLW	847311062934	STRIPED JACQUARD SHOWER CURTAIN-	3.50	\$84.00

Thank you for your order.

Total Cartons 7
Total Pieces 168

REMIT PAYMENT TO:

Mail Checks To:
Home Expressions Inc.
195 Raritan Center Pkwy
Edison, NJ 08837

Wire Information:
ACH Routing: 021000322
Wire Routing: 026009593
Bank of America Acct. #: 483043588478

Subtotal \$450.00
Shipping
TOTAL \$450.00

Date 9/10/2018

BILL OF LADING

Ship From		Bill of Lading Number: 182238	
Name Home Expressions, Inc			
Address 71 Jebara Way			
City/State/Zip Monroe TownShip NJ 08831			
SID #			
Ship To		Carrier: 1ST CHOICE EXPRESS	
Name Hobo 22		Seal #:	
Address 7630 Roosevelt Road		Pick up Number	
City/State/Zip Forest Park IL 60130-		SCAC: NA	
CID #		Pro Number:	
Third Party Freight Charges Bill To			
Name		Freight Charge Terms: (freight charges are collect unless marked otherwise)	
Address		<input checked="" type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> 3rd Party	
City/State/Zip			
Special Instructions: Cube:			

CUSTOMER ORDER INFORMATION				
PO Number:	CTNS:	Weight:	Pallet / Slip	Additional Shipper Info
0000002348	7	172	Y Ticket 24962a	159416
Grand Total	7	172		

Handling Units		PACKAGE		WEIGHT	H.M.	Commodity Description <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. see section 2(e) of NMFC Item</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
1	PLTS	7	CTNS	172				125

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows. "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$ _____
 Fee Terms: Collect ___ Prepaid ___ Customer Check Acceptable: ___

Note Liability Limitation for loss of damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill Of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper *the carrier*

this is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>the carrier</i>	Trailer Loaded		Freight Counted		Carrier Signature/Pickup Date Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. <i>1st choice 9-11-18</i>
	By Shipper		By Shipper		
	<input checked="" type="checkbox"/> By Driver		<input checked="" type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/pieces		

J. Marlow

Northern District of Illinois Claims Register

18-30046 FP Retail Associates LLC

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Chicago

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27357540)

Claim No: 18

Status:

Home Expressions Inc.

Original Filed

Filed by: CR

Coface North America Insurance
Company

Date: 12/07/2018

Entered by: Amy Schmidt

650 College Road East, Suite
2005

Original Entered

Modified:

Princeton, NJ 08540

Date: 12/07/2018

Amount claimed: \$2394.00

History:

[Details](#) [18-1](#) 12/07/2018 Claim #18 filed by Home Expressions Inc., Amount claimed: \$2394.00 (Schmidt, Amy)

Description: (18-1) dcon 57483

Remarks:

Claims Register Summary

Case Name: FP Retail Associates LLC

Case Number: 18-30046

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$2394.00
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		