

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS

**DEC 12 2018**

**JEFFREY P. ALLSTEADT, CLERK**  
**INTAKE 2**

**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 - Eastern Div

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? GRACE GRAZYNA TELICHOWSKI  
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>GRAZYNA TELICHOWSKI</u> Name <u>4510N. MOBILE</u> Number Street <u>CHICAGO, IL 60630</u> City State ZIP Code Contact phone _____ Contact email _____	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
 \_\_\_\_\_

4. Does this claim amend one already filed?  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
 MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
 No  
 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. How much is the claim? \$ 239.94 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.  
HASS CUSTOM KITCHEN CABINET PANEL

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: \_\_\_\_\_

**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: \_\_\_\_\_

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 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)?

- No  
 Yes. Check one:

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

- |   | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  | \$ _____                    |
| <input type="checkbox"/> 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).  | \$ _____                    |
| <input type="checkbox"/> 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). | \$ _____                    |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).  | \$ _____                    |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).  | \$ _____                    |
| <input type="checkbox"/> 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 \_\_\_\_\_  
MM / DD / YYYY

  
 \_\_\_\_\_  
 Signature

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

Name \_\_\_\_\_  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_  
Number Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

HAAS CABINET DEALERS

Tinley Park Kitchen & Bath Shoppe  
17050 Oak Park Ave  
Tinley Park, IL. 60477  
708-429-6601

*John*

G2 Design Group  
965 Waverly Rd  
Glen Ellyn, IL. 60137  
630-776-1789

Haas Order Confirmation #182750022  
Hobo's PO #0000002463  
Job Name: Telichowski

888-879-4227

Part #4670407  
Description- Panel 24x96x3/4 PB  
Wood Species and finish- Maple/ Honey

*john@tpkitchenandbath.com*

THANK FOR SHOPPING AT HOB0  
HOB0 22  
700 ROOSEVELT RD  
FOREST PARK, IL  
60130  
(708) 488-9800

09/27/18 12:46PM BR0B 31 ORDER

SUB-TOTAL: \$ 218.13 TAX: \$ 21.81  
TOTAL: \$ 239.94  
CASH TEND: 240.00 CHANGE: .06  
DEPOSIT : 239.94



ORDER# 323244/22

CUST NO: 130

Customer Copy

Acct: GRACE TELICHOWSKI

REF: K\* II-SIGN MO HN MCH U4 1

- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.

- HOB0 RESERVES THE RIGHT TO DENY ANY RETURN OR EXCHANGE AND MAY REQUEST IDENTIFICATION AS A CONDITION OF RETURN OR EXCHANGE.

- SPECIAL ORDER, CUSTOM, AND MANUFACTURER DIRECT ITEMS ARE NON-REFUNDABLE.

- GIFT CARDS ARE NON-REFUNDABLE AND LOST OR STOLEN GIFT CARDS ARE NON-REPLACEABLE.

- PLEASE SEE FULL RETURN POLICY FOR ADDITIONAL EXCLUSIONS / LIMITATIONS  
- Text BARGAIN to 555888 to join the Bargain Squad and receive exclusive subscriber benefits and savings!!

*JENIFER*

PAGE NO: 1

**FP Retail Associates LLC**  
**7630 ROOSEVELT RD**  
**FOREST PARK, IL**  
**60130**  
**PHONE: (708) 488-9800**

SOLD TO: GRACE TELICHOWSKI  
 4510 N. MOBILE

CUSTOMER: 130 JOB: 000  
 TERMS: CASH/CHECK/BANKCARD

DATE/TIME: 9/27/18 12:46  
 CLERK: BROB  
 TERMINAL: 31

CHICAGO IL 60630 REFERENCE: K\* H-SIGN MO HN MCH U4 1

**ORDER: 323244/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOHAAS	SPECIAL ORDER HAAS Haas Custom Kitchen Cabinets are SPECIAL ORDER. Cancellations within 48 hours are subject to a mandatory 10% restocking fee. After 48 hours absolutely no cancellations or returns will be accepted. Please allow 4-6 weeks for delivery. See design contract for additional terms and		256.62	/EA	256.62

CONTINUED...



PAGE NO: 2

FP Retail Associates LLC  
 7630 ROOSEVELT RD  
 FOREST PARK, IL  
 60130  
 PHONE: (708) 488-9800

SOLD TO: GRACE TELICHOWSKI  
 4510 N. MOBILE

CUSTOMER: 130  
 TERMS: CASH/CHECK/BANKCARD

JOB: 000

DATE / TIME: 9/27/18 12:46  
 CLERK: BROB  
 TERMINAL: 31

CHICAGO IL 60630 224-345-1000 REFERENCE: K\* H-SIGN MO HN MCH U4 1

**ORDER: 323244/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION										
-1	EA	SOHAAS % OFF	conditions. GRACE TELICHOWSKI 4510 N. MOBLE CHICAGO, IL 60630 224.345.1000 DESIGNER: DEBI ALPORT SHIP TO STORE FOR CUSTOMER P/U HAAS % OFF DISCOUNT CREDIT RETURN DISCOUNT = \$38.49		38.49	/EA	-38.49										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: right;">TAXABLE</td> <td style="width: 50%; text-align: right;">218.13</td> </tr> <tr> <td style="text-align: right;">NON-TAXABLE</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td style="text-align: right;">SUB-TOTAL</td> <td style="text-align: right;">218.13</td> </tr> <tr> <td style="text-align: right;">TAX AMOUNT</td> <td style="text-align: right;">21.81</td> </tr> <tr> <td style="text-align: right;"><b>TOTAL</b></td> <td style="text-align: right;"><b>239.94</b></td> </tr> </table>								TAXABLE	218.13	NON-TAXABLE	0.00	SUB-TOTAL	218.13	TAX AMOUNT	21.81	<b>TOTAL</b>	<b>239.94</b>
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TAX AMOUNT	21.81																
<b>TOTAL</b>	<b>239.94</b>																

\*\* CHANGE GIVEN \*\*  
 CASH PAYMENT

DEPOSIT AMT 239.94  
 BALANCE DUE 0.00

*Xf. B. [Signature]*



# 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):**

<p><i>Creditor:</i> (27210699)          GRACE TELICHOWSKI          4510 N. MOBILE          CHICAGO, IL 60630</p>	<p><b>Claim No:</b> 20  <i>Original Filed</i>          Date: 12/12/2018  <i>Original Entered</i>          Date: 12/13/2018</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Michelle O'Neal  <i>Modified:</i></p>
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Amount claimed: \$239.94

*History:*

[Details](#)   [20-1](#) 12/12/2018 Claim #20 filed by GRACE TELICHOWSKI, Amount claimed: \$239.94 (O'Neal, Michelle)

*Description:*

*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

<b>Total Amount Claimed*</b>	\$239.94
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		