

## Fill in this information to identify the case:

Debtor 1 FP Retail Associates LLCDebtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30046

**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
DEC 26 2018

JEFFREY P. ALLSTEADT, CLERK  
TEAM - CA

## 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?

HB Fuller

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)

## Where should notices to the creditor be sent?

HB Fuller

Name

1200 Willow Lake

Number Street

St. PaulMN55110

City

State

ZIP Code

Contact phone 651-236-5977Contact email gregg.walters@hbfuller.com

## Where should payments to the creditor be sent? (if different)

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: 8 3 2 8

7. How much is the claim? \$ 9,166.70. 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)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 12/21/2018  
MM / DD / YYYY

Signature

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

Name	<u>Gregg Walters</u>		
	First name	Middle name	Last name
Title	<u>Credit Supervisor</u>		
Company	<u>HB Fuller</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>1200 Willow Lake Blvd</u>		
	Number	Street	
	<u>St. Paul</u>	<u>MN</u>	<u>55110</u>
	City	State	ZIP Code
Contact phone	<u>651-236-5977</u>		Email <u>gregg.walters@hbfuller.com</u>

2121916	14645346	08/08/18	09/07/18	2,324.23	<b>K.L.S. Acquisition Corp</b> DBA H.O.B.O. 800 S 180th West Allis, WI 53214
2121916	14648945	08/17/18	09/16/18	2,039.76	
2121916	14653914	08/31/18	09/30/18	2,296.64	
2121916	14656277	09/10/18	10/10/18	2,023.82	
2121916	14659974	09/20/18	10/20/18	2,232.88	
2121916	14669224	10/17/18	11/16/18	439.20	
2121916	14488279	06/20/17		(286.16)	
				<b>11,070.37</b>	

2121918	14646282	08/10/18	09/09/18	2,098.60	<b>Hillcrest Enterprises, LLC</b> DBA H.O.B.O. 1693 Plainfield RD Crest Hill, IL 60403
2121918	14650509	08/22/18	09/21/18	2,408.28	
2121918	14654496	09/01/18	10/01/18	2,021.92	
2121918	14660484	09/21/18	10/21/18	2,540.20	
				<b>9,069.00</b>	

2121919	14649504	08/20/18	09/19/18	2,142.00	<b>Belvidere Associates</b> DBA H.O.B.O. 2850 Belvidere Rd Waukegan, IL 60085
2121919	14650508	08/22/18	09/21/18	2,068.20	
2121919	14654498	09/01/18	10/01/18	2,393.90	
2121919	14660485	09/21/18	10/21/18	2,222.00	
				<b>8,826.10</b>	

2121920	14646280	08/10/18	09/09/18	3,630.76	<b>OL Enterprises, LLC</b> DBA H.O.B.O. 8716 S Cicero Oak Lawn, IL 60453
2121920	14649506	08/20/18	09/19/18	3,451.06	
2121920	14650507	08/22/18	09/21/18	3,909.24	
2121920	14653913	08/31/18	09/30/18	3,500.30	
2121920	14654495	09/01/18	10/01/18	4,154.98	
2121920	14657180	09/12/18	10/12/18	2,860.92	
2121920	14660481	09/21/18	10/21/18	2,018.36	
2121920	14660486	09/21/18	10/21/18	2,207.68	
				<b>25,733.30</b>	

2121921	14627185	06/19/18	07/19/18	329.60	<b>North Avenue Associates, LLC</b> DBA H.O.B.O. 300 W North Ave Villa Park, IL 60181
2121921	14646874	08/13/18	09/12/18	2,155.54	
2121921	14649505	08/20/18	09/19/18	2,159.76	
2121921	14653916	08/31/18	09/30/18	2,845.36	
2121921	14654499	09/01/18	10/01/18	2,033.62	
2121921	14657181	09/12/18	10/12/18	2,519.04	
2121921	14660482	09/21/18	10/21/18	2,119.24	
				<b>14,162.16</b>	

2121922	14645347	08/08/18	09/07/18	2,493.46	<b>Loomis Enterprises, LLC</b> DBA H.O.B.O. 3545 S 27th St. Milwaukee, WI 53216
2121922	14650159	08/21/18	09/20/18	2,616.40	
2121922	14654251	08/31/18	09/30/18	2,035.06	
2121922	14656853	09/11/18	10/11/18	2,063.00	
2121922	14659975	09/20/18	10/20/18	2,429.22	
				<b>11,637.14</b>	

2138328	14646281	08/10/18	09/09/18	2,354.06	<b>FP Retail Associates, LLC</b> DBA H.O.B.O. 7630 W Roosevelt RD Forest Park, IL 60130
2138328	14653917	08/31/18	09/30/18	2,216.72	
2138328	14654497	09/01/18	10/01/18	2,012.44	
2138328	14660483	09/21/18	10/21/18	2,583.48	
				<b>9,166.70</b>	

# Northern District of Illinois Claims Register

## [18-30046 FP Retail Associates LLC](#)

**Honorable Judge:** Jacqueline P. Cox

**Chapter:** 11

**Office:** Eastern Division

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

*Creditor:* (27401982)

**Claim No:** 24

*Status:*

HB FULLER

*Original Filed*

*Filed by:* CR

1200 WILLOW LAKE

*Date:* 12/26/2018

*Entered by:* Kimetha Collier

ST. PAUL, MN 55110

*Original Entered*

*Modified:*

*Date:* 12/26/2018

Amount claimed: \$9166.70

*History:*

[Details](#) [24-1](#) 12/26/2018 Claim #24 filed by HB FULLER, Amount claimed: \$9166.70 (Collier, Kimetha)

*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>	\$9166.70
<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.**

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