

## 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

**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?

Dooley Manufacturing  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Dooley's Inc.

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?

Shane Dooley  
Name

2611 Hwy 23  
Number Street

OSKaloosa IA 52577  
City State ZIP Code

Contact phone 641-673-8431

Contact email shaned@mahaska.org

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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	<div style="text-align: right; font-size: 1.5em; font-family: monospace;">4 0 8 7</div>
7. How much is the claim?	\$ <u>1,184.30</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.  <div style="font-size: 1.5em; font-family: monospace; text-align: center;">Goods Sold</div>	
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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:

- ☐ 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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

### 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 19 2018  
MM / DD / YYYY

Signature

Shane Dooley

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

Name

Shane  
First name

Richard  
Middle name

Dooley  
Last name

Title

Owner

Company

Dooley Manufacturing  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

2611 Hwy 23  
Number Street

OSKALOOSA  
City

IA  
State

52577  
ZIP Code

Contact phone

641-673-8431

Email

shaned@mahaska.org

**Shane Dooley**

**From:** Richards, Josephine [jrichards@hoboonline.com]  
**Sent:** Wednesday, June 27, 2018 3:41 PM  
**To:** 'shaned@mahaska.org'  
**Cc:** Braasch, Barb; Mulder, Heather; Crivello, Michael  
**Subject:** N21483 Dooley MFG.  
**Attachments:** DO140 N21483 062618.pdf, \_Certification\_.htm

Hi Shane,

Please find our PO attached in this email. As a prepaid order your carrier must contact our warehouse for a delivery appointment. Heather & Barb at our warehouse are copied on this email.

**Please include a packing slip with the shipment. Failure to do so may result in delayed payment of invoice.**

Thank you,  
Josie

**Josie Richards**

Home Owner Bargain Outlet  
2650 Belvidere Road  
Waukegan, IL 60085  
P: 847-263-1240 EX 36  
F: 847-263-1232  
[jrichards@hoboonline.com](mailto:jrichards@hoboonline.com)

< Proof of Claim >

6/28/2018



Hobo 47  
7557 S. 78TH AVE.  
BRIDGEVIEW, IL 60455  
(708) 924-9155

TO: DOOLEY MFG. CO.  
P.O. BOX 32  
OSKALOOSA IA 52577  
PHONE: (641) 673-8431  
FAX : (641) 673-7010

SHIP TO: HOBO 47  
7557 S. 78TH AVE.  
BRIDGEVIEW, IL 60455

**PURCHASE ORDER**  
P.O. #: n000021483  
Store : 47

Order Date: 6/26/18  
Date Due : 7/17/18  
Alt. PO # :  
Order Type: NORMAL  
Buyer : JORI

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	Order Date:
DO140		F	N	PPD		BLA			6/26/18
LINE#	STORE	QTY	ORD	ITEM/SKU	NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST
6	C	60		1245756		HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085	1824MBO		3.99
9	C	18		1245762		* MARKERBOARD 17X23 WOODFRAMED	1224MBBL		3.25
15	C	60		1245757		* WOOD FRAMED 18 X 18 CORKBOARD	1818CO		2.99
21	C	48		1226993		* VINYL FRAMED 8.5X11 BLK/NEON	811MBVN		3.25
22	C	94		1245758		* ASSORTED BOARDS GROUP "A"	ASSORTED		1.75
23	C	95		1245759		* ASSORTED BOARDS GROUP "B"	ASSORTED		2.50
24	C	14		1193880		* ASSORTED BOARDS GROUP "C"	ASSORTED		3.50
26	C	10		1245760		*ALUM FRAMED MARKERBORAD 35X48	3648MBMGA		10.00
BILL TO:									
TOTAL UNITS 399									
TOTAL COST 1184.30									
TOTAL FREIGHT .00									
OTHER CHARGES .00									
TOTAL P.O. 1184.30									

0. Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Order Date: 6/26/18

Date Due : 7/17/18

Alt. PO # :

Order Type: NORMAL

Buyer : JORI

P.O. Approved By:

Date:

**INVOICE****Dooley's Incorporated**

PO Box 32 - Remit To  
2611 Hwy 23 - Shipping Only  
Oskaloosa, IA 52577  
641-673-8431

Invoice Number 135257

Invoice Date 08/08/18

Page 1

SOLD HOB0  
TO 2650 BELVIDERE ROAD  
WAUKEGAN IL 60085

SHIP HOB0  
TO 2650 BELVIDERE ROAD  
WAUKEGAN IL 60085

P.O. Number 0000021483  
Customer Code D34087  
Salesperson N/A  
Order Number

Terms NET 30 DAYS  
Due Date 09/07/2018  
Discount Date 09/07/2018

ITEM	ORDERED	SHIPPED	DESCRIPTION	PRICE	UOM	AMOUNT	TAX
1824CO/MB	4.0	4.0	CORK/MARKER COMBO BOARD				
1824CO	32.0	32.0	CORKBOARD 17X23WOOD FRAMED	2.50	ea	10.00	
1824CO/PH	6.0	6.0	BLACK FRAMED 18X22	2.50	ea	80.00	
			CORKBOARD WITH 3 PHOTO SLOTS	2.50	EA	15.00	
1824MBBW	6.0	6.0	MARKERBOARD 18X24 BARN				
1DC-1824MBMGA	12.0	12.0	MARKERBOARD, MAG ALUM	2.50	ea	15.00	
1DC-1117MBTD	10.0	10.0	TIE-DYE MAG. DRY ERASE MKBD	2.50	ea	30.00	
1DC-2436COA	5.0	5.0	CORKBOARD 24X36 ALUMINUM	2.50	ea	25.00	
2436CO	3.0	3.0	CORKBOARD 23X35WOOD FRAMED	3.50	ea	17.50	
2436MBV	4.0	4.0	24X36 VINYL MARKERBOARD	3.50	ea	10.50	
1836B	2.0	2.0	18X36 WOOD FRAMED BURLAP	3.50	EA	14.00	
1218COBL	7.0	7.0	CORKBOARD W/BLACK FRAM 11X17	3.50	EA	7.00	
1DC-3648MBA	10.0	10.0	MARKERBOARD 36X48 ALUM	1.75	ea	12.25	
1824MBO	60.0	60.0	MARKERBOARD 17X23WOOD	10.00	ea	100.00	
1224MBBL	18.0	18.0	MARKERBOARD W/BLACK FRAM	3.99	ea	239.40	
1818CO	60.0	60.0	WOOD FRAMED 18X18	3.25	ea	58.50	
811NMBV	48.0	48.0	VINYL FR 8.5X11 BLACK SUR NEON	2.99	ea	179.40	
1117MBDE	8.0	8.0	MARKBD DELUXE OAK	3.25	ea	156.00	
1117MBVP	18.0	18.0	MARKERBOARD VINYL MASONITE	1.75	ea	14.00	
1117MBV	35.0	35.0	MKBD-VINYL FRAMED 11X17	1.75	ea	31.50	
1114CALV	13.0	13.0	11X14 CALENDAR BD	1.75	ea	61.25	
1114COV	4.0	4.0	11X14 VINYL FRAME CORKBOARD	1.75	ea	22.75	
1DC-1114MGMBP	1.0	1.0	MAG MKBRD 11X14 PROMO BRD	1.75	EA	7.00	
1218MBMGA	5.0	5.0	12X18 ALUM FRAMED MAG	1.75	ea	1.75	
1218CH	3.0	3.0	CHALKBOARD WOOD FRAMED	1.75	EA	8.75	
				1.75	ea	5.25	

**Dooley's Incorporated**

PO Box 32 - Remit To  
 2611 Hwy 23 - Shipping Only  
 Oskaloosa, IA 52577  
 641-673-8431

**INVOICE**

Invoice Number 135257

Invoice Date 08/08/18

Page 2

SOLD HOB0  
 TO 2650 BELVIDERE ROAD  
 WAUKEGAN IL 60085

SHIP HOB0  
 TO 2650 BELVIDERE ROAD  
 WAUKEGAN IL 60085

P.O. Number 0000021483  
 Customer Code D34087  
 Salesperson N/A  
 Order Number

Terms NET 30 DAYS  
 Due Date 09/07/2018  
 Discount Date 09/07/2018

ITEM	ORDERED	SHIPPED	DESCRIPTION	PRICE	UOM	AMOUNT	TAX
1DC-1824CH	3.0	3.0	CHALKBOARD WOOD FRAME 17X23	2.50	ea	7.50	*
1824MB	14.0	14.0	MARKERBOARD 17X23WOOD	2.50	ea	35.00	
1824SPBL	8.0	8.0	CORKBOARD 17X23 SPECKLED	2.50	ea	20.00	

Subtotal 1,184.30  
 \*Sales Tax 0.00  
 Invoice Total 1,184.30  
 Payments 0.00  
 Net Due 1,184.30

# 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):**

<i>Creditor:</i>	(27207348)	<a href="#">History</a>	<b>Claim No:</b> 25	<i>Status:</i>
DOOLEY MFG. CO.			<i>Original Filed</i>	<i>Filed by:</i> CR
SHANE DOOLEY			<i>Date:</i> 12/26/2018	<i>Entered by:</i> Kimetha Collier
2611 HWY 23			<i>Original Entered</i>	<i>Modified:</i>
OSKALOOSA, IA 52577			<i>Date:</i> 12/26/2018	

Amount claimed: \$1184.30

*History:*

[Details](#)   [25-1](#)   12/26/2018 Claim #25 filed by DOOLEY MFG. CO., Amount claimed: \$1184.30 (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>	\$1184.30
<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>		