

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
 JAN 16 2019
 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?

William J. Bienias

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?

Where should notices to the creditor be sent?

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

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

William J. Bienias

Name

Name

527 Hollyberry Lane

Number

Street

Number

Street

Bourbonnais IL 60914

City

State

ZIP Code

City

State

ZIP Code

Contact phone 815-931-5404

Contact phone _____

Contact email WB.Integrity@gmail.com

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? \$ 211.51 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:

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 01/09/2019
MM DD YYYY

William J. R.
 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 _____

HOBO 23
1693 PLAINFIELD RD
CREST HILL, IL 60403

PHONE: (815) 730-8340

SOLD TO: **BILL BIENIAS**
527 HOLLYBERRY LN

CUSTOMER: 256
 TERMS: CASH/CHECK/BANKCARD

IL 60914

DATE / TIME: 9/28/18 4:38
 CLERK: BLOP
 TERMINAL: 61

SHIP TO: **BIENIAS/WILLIAM J**
BOURBONNAIS
 REFERENCE: K* KWC HARDWARE CF 1

ORDER: 320885/P

| QUANTITY | UM | ITEM | DESCRIPTION | SUGG | PRICE | /PER | EXTENSION |
|----------|----|------|---------------------------------------|------|-------|------|-----------|
| | | | DELIVER TO STORE FOR CUSTOMER PICK UP | | | | |

THANK YOU FOR SHOPPING AT HOBO
 HOBO 23
 1693 PLAINFIELD RD
 CREST HILL, IL 60403
 (815) 730-8340

09/28/18 4:38PM BLOP 61 ORDER

SUB-TOTAL: \$ 195.84 TAX: \$ 15.67
 TOTAL: \$ 211.51
 BC AMT: \$ 211.51

BK CARD#: XXXXXXXXXXXX1314
 MID: 324191420995
 AUTH: 792267 AMT: \$ 211.51
 Host reference #: 320899 Bat#

Authorizing Network: MASTERCARD

Chip Read
 CARD TYPE: MASTERCARD EXPR: XXXX
 AID : A0000000041010
 TVR : 8000008000
 IAD : 01106010012200000000000000000000
 TSI : 6E00
 ARC : 00
 MODE : Issuer
 CVM :
 Name : Debit MasterCard
 ATC : 00CE
 AC : 2F953954E737A1D9
 TxnID/ValCode: 101258

Bank card USD\$ 211.51
 DEPOSIT : 211.51



ORDER# 320885/23
 CUST NO: 256

THANK YOU WILLIAM J BIENIAS
 FOR YOUR PATRONAGE

Signature of William J Bienias

Name : X _____
 I agree to pay above total amount
 according to card issuer agreement
 (merchant agreement if credit voucher)
 Acct: BILL BIENIAS
 REF: K* KWC HARDWARE CF 1

Customer Copy

DEPOSIT AMT
 BALANCE DUE
 211.51
 0.00

BANKCARD PAYMENT

211.51

TAX AMOUNT
 TOTAL

15.67
 211.51

MID: 324191420995
 APP: 792267
 BKCRD# XXXXXXXXXXXX1314
 XR: 320899



