

Fill in this information to identify the case:

Debtor 1	FP Retail Associates LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	Northern District of Illinois
Case number:	18-30046

FILED
 U.S. Bankruptcy Court
 Northern District of Illinois
 1/21/2019
 Jeffrey P. Allsteadt, Clerk

**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?	ALL TILE, INC.	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	Where should payments to the creditor be sent? (if different)
	ALL TILE, INC.	
	Name	Name
	855 N WOODDALE RD UNIT A Wood Dale, IL 60191-1138	
	Contact phone 847-979-2356	Contact phone
	Contact email jewelch@alltileccs.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
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
		MM / DD / YYYY
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. How much is the claim? \$ 14390.64
 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 healthcare 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)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<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 4/1/19 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 1/21/2019
MM / DD / YYYY

/s/ John Welch

Signature

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

Name John Welch

First name Middle name Last name

Title CFO

Company All Tile

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 855 N. Wood Dale Road, Unit A

Number Street

Wood Dale, IL 60191

City State ZIP Code

Contact phone 8473646760 Email jwelch@alltileccs.com

Statement As of Date: 6/1/2018

Corporate ID: 1035980



855 N Wood Dale Rd. Ste. A
Wood Dale, Illinois 60191
(847) 979-2500
(847) 364-9207
Order online at
shop.alltileccs.com

All Tile
855 N Wood Dale Rd Unit A
Wood Dale, IL 60191-1138
US
847-979-2500

H.O.B.O. Store #24
2650 Belvidere Rd
Waukegan, IL 60085-6006
US

847-263-1240

Customer ID: 3001571

H.O.B.O Store #22

Statement	
CORPORATE ID	
1035980	
AS OF DATE	PAGE
6/1/2018	1 of 1

Total Amount Due: 14,390.64

Invoice Number	Invoice Date	Due Date	Purchase Order Number	Amount Due	Invoice Number	Amount Enclosed
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Branch ID: 100 Wood Dale

3241922	6/1/2018	7/1/2018	O2041	4,022.20	3241922	_____
3246250	6/13/2018	7/13/2018	O2041	2,011.10	3246250	_____
3247689	6/18/2018	7/18/2018	o2011	2,011.10	3247689	_____
3252838	7/2/2018	8/1/2018	O2126	3,173.12	3252838	_____
3272075	8/24/2018	9/21/2018	O2214	3,173.12	3272075	_____

Original Rebilled Invoice No.: 3271285

Total Amount Due: 14,390.64

U.S. Dollars

-----Invoice Age in Days -----

Current	<= 30	31 to 60	61 to 90	OVER 90
14,390.64	0.00	0.00	0.00	0.00

Total Amount Due: 14,390.64

Amount Enclosed: _____
U.S. Dollars

REMIT TO: ALL TILE INC. 27667 NETWORK PLACE CHICAGO, IL 60673-1276
--





855 N Wood Dale Rd, Ste. A
Wood Dale, Illinois 60191

(847) 979-2500
(847) 364-9207

Order online at
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INVOICE

INVOICE	
3241922	
Invoice Date	Page
6/1/2018	1 of 1
ORDER NUMBER	
1354020	

All Tile

Branch: 100 Wood Dale

Bill To:

H.O.B.O. Store #24
2650 Belvidere Rd
Waukegan, IL 60085-6006
US

Ship To:

H.O.B.O Store #22
7630 Roosevelt Rd
Forest Park, IL 60130-3051
US

Customer ID: 3001571

Carrier: Chicagoland

Tracking #:

PO Number	Term Description	Net Due Date	Disc Due Date	Discount Amount
O2041	Net 30	7/1/2018	7/1/2018	0.00

Order Date	Pick Ticket	Job Name	Order Contact	Taker
6/1/2018	2218309	O2041	CHRISTI	CDICIOLLA

Quantity Ordered	Quantity Shipped	UOM	Disp.	Item ID	Item Description	Unit Price	Pricing UOM	Extended Price
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70.000	70.000	CT		CBVSS261CPPAD	Scubaseal Rigid Core Cape Cod 7 1/8" X 4' x 5mm Nominal	1.69	SF	2,011.10
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Unit Conversion: SF Qty: 1,190.000

Lot Number: CBV Qty: 70.000 CT

70.000	70.000	CT		CBVSS266OUPAD	Scubaseal Rigid Core Outer Banks 7 1/8" X 4' X 5mm Nominal	1.69	SF	2,011.10
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Unit Conversion: SF Qty: 1,190.000

Lot Number: CBV Qty: 70.000 CT

Total Lines: 2

SUB-TOTAL: 4,022.20
AMOUNT DUE: 4,022.20

Effective October 1st, 2018, your All Tile inbound fuel surcharge will increase to 1.5%

REMIT TO:
ALL TILE INC
27667 NETWORK PLACE
CHICAGO, IL 60673-1276



Document ID: 3241922

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INVOICE



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Wood Dale, Illinois 60191

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(847) 364-9207

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INVOICE	
3246250	
Invoice Date	Page
6/13/2018	1 of 1
ORDER NUMBER	
1354020	

All Tile

Branch: 100 Wood Dale

Bill To:

H.O.B.O. Store #24
2650 Belvidere Rd
Waukegan, IL 60085-6006
US

Ship To:

H.O.B.O Store #22
7630 Roosevelt Rd
Forest Park, IL 60130-3051
US

Customer ID: 3001571

Carrier: Chicagoland

Tracking #:

PO Number		Term Description	Net Due Date	Disc Due Date	Discount Amount		
O2041		Net 30	7/13/2018	7/13/2018	0.00		
Order Date	Pick Ticket	Job Name		Order Contact	Taker		
6/1/2018	2222156	O2041		CHRISTI	CDICIOLLA		
Quantity Ordered	Quantity Shipped	UOM	Disp.	Item ID Item Description	Unit Price	Pricing UOM	Extended Price

70.000	70.000	CT		CBVSS219STPAD Scubaseal Rigid Core South Beach 7 1/8" X 4' 5mm Nominal	1.69	SF	2,011.10
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Unit Conversion: SF

Qty: 1,190.000

Lot Number: CBV

Qty: 70.000 CT

Total Lines: 1

SUB-TOTAL: 2,011.10
AMOUNT DUE: 2,011.10

Effective October 1st, 2018, your All Tile Inbound fuel surcharge will increase to 1.5%

REMIT TO:
ALL TILE INC
27667 NETWORK PLACE
CHICAGO, IL 60673-1276



Document ID: 3246250

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(847) 364-9207

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INVOICE

INVOICE	
3247689	
Invoice Date	Page
6/18/2018	1 of 1
ORDER NUMBER	
1348238	

All Tile

Branch: 100 Wood Dale

Bill To:

H.O.B.O. Store #24
2650 Belvidere Rd
Waukegan, IL 60085-6006
US

Ship To:

H.O.B.O Store #22
7630 Roosevelt Rd
Forest Park, IL 60130-3051
US

Customer ID: 3001571

Carrier: Chicagoland

Tracking #:

PO Number		Term Description	Net Due Date	Disc Due Date	Discount Amount		
o2011		Net 30	7/18/2018	7/18/2018	0.00		
Order Date	Pick Ticket	Job Name		Order Contact	Taker		
5/22/2018	2223460	o2011		CHRISTI	CDICIOLLA		
Quantity Ordered	Quantity Shipped	UOM	Disp.	Item ID Item Description	Unit Price	Pricing UOM	Extended Price
70.000	70.000	CT		CBVSS257MIPAD Scubaseal Rigid Core Miami Beach 7 1/8" X 4' x 5mm Nominal	1.69	SF	2,011.10

Unit Conversion: SF

Qty: 1,190.000

Lot Number: CBV

Qty: 1.000 PA

Total Lines: 1

SUB-TOTAL: 2,011.10
AMOUNT DUE: 2,011.10

Effective October 1st, 2018, your All Tile inbound fuel surcharge will increase to 1.5%

REMIT TO:
ALL TILE INC
27667 NETWORK PLACE
CHICAGO, IL 60673-1276



Document ID: 3247689

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(847) 364-9207

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INVOICE

INVOICE	
3252838	
Invoice Date	Page
7/2/2018	1 of 1
ORDER NUMBER	
1369862	

All Tile

Branch: 100 Wood Dale

Bill To:

H.O.B.O. Store #24
2650 Belvidere Rd
Waukegan, IL 60085-6006
US

Ship To:

H.O.B.O Store #22
7630 Roosevelt Rd
Forest Park, IL 60130-3051
US

Customer ID: 3001571

Carrier: Chicagoland

Tracking #:

PO Number		Term Description	Net Due Date	Disc Due Date	Discount Amount		
O2126		Net 30	8/1/2018	8/1/2018	0.00		
Order Date	Pick Ticket	Job Name		Order Contact	Taker		
6/29/2018	2228485	O2126		christy	BGARCIA		
Quantity Ordered	Quantity Shipped	UOM	Disp.	Item ID Item Description	Unit Price	Pricing UOM	Extended Price

65.000	65.000	CT		CBVCW940 Novocore Premium Plank 7X49 Cambridge W/ Cork Attached	2.04	SF	3,173.12
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Unit Conversion: SF

Qty: 1,555.450

Lot Number: CBV

Qty: 65.000 CT

Total Lines: 1

SUB-TOTAL: 3,173.12
AMOUNT DUE: 3,173.12

Effective October 1st, 2018, your All Tile inbound fuel surcharge will increase to 1.5%

REMIT TO:
ALL TILE INC
27667 NETWORK PLACE
CHICAGO, IL 60673-1276



Document ID: 3252838

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855 N Wood Dale Rd, Ste. A
Wood Dale, Illinois 60191

(847) 979-2500
(847) 364-9207

Order online at
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REBILL INVOICE

REBILL INVOICE	
3272075	
Invoice Date	Page
8/24/2018	1 of 1
ORIGINAL INVOICE NUMBER	
3271285	

All Tile

Branch: 100 Wood Dale

Bill To:

H.O.B.O. Store #24
2650 Belvidere Rd
Waukegan, IL 60085-6006
US

Ship To:

H.O.B.O Store #22
7630 Roosevelt Rd
Forest Park, IL 60130-3051
US

Customer ID: 3001571

Carrier: Chicagoland

Tracking #:

PO Number		Term Description	Net Due Date	Disc Due Date	Discount Amount			
O2214		Net 30	9/21/2018	9/21/2018	0.00			
Order Date	Pick Ticket	Job Name	Order Contact	Taker				
7/24/2018		O2214	christi	BGARCIA				
Quantity Ordered	Quantity Shipped	UOM	Disp.	Item ID	Item Description	Unit Price	Pricing UOM	Extended Price

Invoice Note: N/C FRT PER BRIAN
[8/24/2018 11:09:46 - ckalaw]

65.000	65.000	CT		CBVCW462	Novocore Premium Plank 7X49 Aspen W/ Cork Attached	2.04	SF	3,173.12
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Unit Conversion: SF

Qty: 1,555.450

Lot Number: CBV

Qty: 1.000 PA

Total Lines: 1

SUB-TOTAL: 3,173.12
AMOUNT DUE: 3,173.12

Effective October 1st, 2018, your All Tile inbound fuel surcharge will increase to 1.5%

REMIT TO:
ALL TILE INC
27667 NETWORK PLACE
CHICAGO, IL 60673-1276



Document ID: 3272075

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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> (27206389) ALL TILE, INC. 855 N WOODDALE RD UNIT A Wood Dale, IL 60191-1138	Claim No: 40 <i>Original Filed</i> Date: 01/21/2019 <i>Original Entered</i> Date: 01/21/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i>
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Amount claimed: \$14390.64

History:

[Details](#) [40-1](#) 01/21/2019 Claim #40 filed by ALL TILE, INC., Amount claimed: \$14390.64 (ADI, EPoc)

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

Total Amount Claimed*	\$14390.64
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		