

Fill in this information to identify the case:

Debtor 1 FP Retail Associates, LLC
 Debtor 2 DBA HomeOwners Bargain Outlet
 (Spouse, if filing)
 United States Bankruptcy Court for the Northern District of IL CH 11
 Case number 18-30046

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 81- MAR 22 2019
 JEFFREY P. ALLSTEADT, CLERK
 TEAM - CA

Official Form 410

Filed 10/25/18

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?

Shelly Kopach
 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?
Shelly Kopach
 Name
303 E Foster Ave
 Number Street
Roselle IL 60172
 City State ZIP Code
 Contact phone 847-372-9922
 Contact email shellydehart@msn.com

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

Same
 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? _____

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MAR 22 2019

JEFFREY P. ALLSTEADT, CLERK
CLERK

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: 3334

7. How much is the claim? \$ 206.65 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).
7117 0502 2406 8585

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.

Gift Card Balance

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 debt Attachment (Official Form 410-A)
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that example, a mortgage, lien, certificate of title, finan been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____

Amount necessary to cure any default as of _____

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: _____

THANK YOU FOR SHOPPING AT HOBBO
HOBBO 26
300 W NORTH AVE
VILLA PARK, IL 60181
(630) 833-3200
12/08/18 12:28PM CFER 122 GIFTCARD
*** GIFT CARD BALANCE INQUIRY ***
Balance: 206.65
Customer Copy

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). Amount entitled to priority \$ _____
 - 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). Amount entitled to priority \$ 206.65
 - 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). Amount entitled to priority \$ _____
 - Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). Amount entitled to priority \$ _____
 - Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). Amount entitled to priority \$ _____
 - Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. Amount entitled to priority \$ _____

*Amounts are subject to adjustment on 4/01/49 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 10 2018
MM / DD / YYYY

Shelley Kopach
Signature

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

Name Shelley Kopach
First name Middle name Last name

Title _____

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

Address 303 E Foster Ave

Number Roselle Street IL ZIP Code 600172

Contact phone 847-372-9922 Email shellydehart@msn.com

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: (27670212)

Shelly Kopach
303 E Forster Ave
Roselle IL 60172

Claim No: 63

Original Filed Date: 03/22/2019
Original Entered Date: 03/22/2019

Status:

Filed by:
Entered b
Modified:

Amount claimed: \$206.65

Secured claimed: \$206.65

History:

[Details](#)

[63-1](#)

03/22/2019 Claim #63 filed by Shelly Kopach, Amount claimed: \$206.65 (Lyons, Kevin)

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*	\$206.65
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	\$206.65	
Priority		
Administrative		