

Fill in this information to identify the case:Debtor 1 Hillcrest Enterprises LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court Northern District of IllinoisCase number: 18-30047

FILED

U.S. Bankruptcy Court
Northern District of Illinois

12/13/2018

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?	<u>Paul Bough and Carolyn Bough</u> 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? <u>Paul Bough and Carolyn Bough</u> Name <u>12136 Meadowland Drive</u> <u>Homer Glen, IL 60491</u> Contact phone <u>(708) 910-4731</u> Contact email <u>paulbough@sbcglobal.net</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Contact phone _____ Contact email _____
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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____						
7. How much is the claim?	\$ 1799.00 <div style="float: right; text-align: right;"> 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). </div>						
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 and services ordered but not completed. Contractor threatening lien for non payment from Debtor.						
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. Nature of property: <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: _____ 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.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> 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	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.)
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.)						
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)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check all that apply:	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 checked="" 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).	\$ 1799.00
	<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 12/13/2018
MM / DD / YYYY

/s/ /s/ Paul Bough, /s/ Carolyn Bough
Signature

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

Name /s/ Paul Bough, /s/ Carolyn Bough
First name Middle name Last name

Title _____

Company _____

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

12136 Meadowland Drive

Number Street

Homer Glen, IL 60491

City State ZIP Code

Contact phone (708) 910-4731 Email paulbough@sbcglobal.net

PAGE NO: 1

HOBO 23
1693 PLAINFIELD RD
CREST HILL, IL 60403
PHONE: (815) 730-8340

SOLD TO:
 CAROLYN & PAUL BOUGH
 12136 MEADOWLAND DR

CUSTOMER: 85646
 TERMS: CASH/CHECK/BANKCARD
 JOB: 000

DATE / TIME: 6/ 1/18
 CLERK: JLIP
 TERMINAL: 61

HOMER GLEN, IL 60491
 708-829-3715
 REFERENCE: K* SUPREME INSTALL DK 1

ORDER: 271659/P

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOSI	SPECIAL ORDER SUPREME INSTALLS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. INSTALLATION ADDRESS CAROLYN & PAUL BOUGH 12136 MEADOWLAND DR. HOMER GLEN, IL 60491 708-829-3715 CAROLYN 708-910-4731 PAUL DESIGNER DENISE KUBAS		1799.00	/EA	1,799.00

TAXABLE	0.00
NON-TAXABLE	1799.00
SUB-TOTAL	1799.00
TAX AMOUNT	0.00
TOTAL	1799.00

DEPOSIT AMT 1799.00
 BALANCE DUE 0.00

BANKCARD PAYMENT

1799.00

xManual Signature

BKCRD# XXXXXXXXXXXXX4990
 MID: 324191420995
 APP: 76055P
 XR: 273153



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

06/01/18 12:39PM JLIP 61 ORDER

SUB-TOTAL:\$ 1799.00 TAX: \$.00
TOTAL: \$ 1799.00
BC AMT: \$ 1799.00

BK CARD#: XXXXXXXXXXXXX4990
MID: 324191420995
AUTH: 76055P AMT: \$ 1799.00
Host reference #:273153 Bat#

Authorizing Network: MASTERCARD

MANUAL
CARD TYPE:MASTERCARD EXPR: XXXX
TxnID/ValCode: 894915

Bank card USD\$ 1799.00
DEPOSIT : 1799.00



ORDER# 271659/23
CUST NO: 85646

Manual Signature

Name : X
I agree to pay above total amount
according to card issuer agreement
(merchant agreement if credit voucher)
Acct: CAROLYN & PAUL BOUGH
REF: K* SUPREME INSTALL DK 1

Customer Copy

- ALL RETURNS AND EXCHANGES MUST BE IN
ORIGINAL CONDITION IN FACTORY SEALED
CARTON AND ACCOMPANIED BY ORIGINAL
REGISTER RECEIPT WITHIN 30 DAYS OF
PURCHASE.
- HOBO RESERVES THE RIGHT TO DENY ANY
RETURN OR EXCHANGE AND MAY REQUEST
IDENTIFICATION AS A CONDITION OF RETURN
OR EXCHANGE.
- SPECIAL ORDER, CUSTOM, AND
MANUFACTURER DIRECT ITEMS ARE
NON-REFUNDABLE.
- GIFT CARDS ARE NON-REFUNDABLE AND LOST
OR STOLEN GIFT CARDS ARE
NON-REPLACEABLE.
- PLEASE SEE FULL RETURN POLICY FOR
ADDITIONAL EXCLUSIONS / LIMITATIONS
- Text BARGAIN to 555888 to join the

SUPREME INSTALLS

CABINET **HOBOT** INSTALLS

NOTE

MINIMUM CUSTOMER CHARGE \$500

NAME Carrie & Paul Bough

ADDRESS 12136 Meadowland Dr.

CITY Homer Glen, IL 60491

PHONE(S) 815-740-1160

HOBOT SLSP Denise Kubas

DATE 43232

QTY	DESCRIPTION	LIST EA	PRICE EA	NOTE(S)
	Remove cabinets, laminate counters, disconnect plumbing/appliances (per LF)	\$36.36	\$23.00	
	Remove and dispose of laminate countertops only (per LF - minimum 15LF)	\$24.00	\$17.00	
	Haul away cabinets and or debris from cabinet installation (not boxes) Includes haul way on day of installation. Additional trips will incur \$100 trip charge	\$555.50	\$350.00	
8	Wall cabinet installation: includes fillers, handles, scribe, 1 layer of molding (at time of install)	\$151.50	\$90.00	
5	Base cabinet installation: includes fillers, handles, scribe, toekick (at time of install)	\$78.78	\$50.00	
2	Penninsula cabinet installation: includes fillers, handles, scribe, toekick, framing (at time of install)	\$127.26	\$80.00	
1	Pantry/tall cabinet installation: includes fillers, handles, scribe, toekick (at time of install)	\$96.96	\$60.00	
	Single/double oven cabinet installation: fillers, handles, scribe, toekick. Includes all necessary cutouts and bracing for oven support (oven install not included)	\$149.48	\$90.00	
	Install Accessories. Appliance garages, valances, roll outs, tray dividers, cutlery (at time of install)	\$50.50	\$30.00	
	Simple Cabinet Modification. Reduced depth, reduce toekicks, cutouts for electrical (cannot modify face frames)	\$84.84	\$50.00	
1	Diagonal Sink Base Cabinet Installation.	\$168.00	\$100.00	
	Build up Base Cabinets - Up to 3/4" (Example: For Tiled Floor Application)	\$10.10	\$7.00	
8	Install Panels and Skins. Base, wall, end or back, refrigerator and appliance panels (at time of install)	\$44.44	\$28.00	
3	Install Mouldings. For top or bottom per 8' section (per layer) (at time of install)	\$68.68	\$43.00	
	Cabinet(s) sitting on top of countertop. Enter (1) to cover additional trip charge.	\$160.00	\$100.00	
	Complete Kitchen (5FT/6FT) Cabinets/Ctop/Sink/Faucet Placement-Incl. Delivery from Store. ONLY INCLUDES TWO CABINETS (SB60 & STW60)	\$454.50	\$300.00	
	Install Vanity Up to 48"W (Cabinet & Top) DELIVERED	\$606.00	\$400.00	
	Install Vanity 49"W-74"W (Cabinet & Top) DELIVERED	\$757.50	\$500.00	
	Microwave or Wood Rangehood Installation. Electrical Not Included	\$117.16	\$75.00	
	High Rise Charge. Over 2 stories.	\$206.04	\$130.00	
	Glass Install Charge. Price valid only if glass installed at same time as cabinets. Trip charge if glass not installed on same day as cabinet install	\$20.00	\$15.00	
	Installation of HOBOT IN-STOCK granite island countertop. Includes delivery within 30 miles of store	\$606.00	\$400.00	
	Extra Trip Charge. Under 30 miles from store	\$160.00	\$100.00	
	Extra or Initial Trip Charge. 30 to 50 miles from store	\$200.00	\$130.00	
	Extra or Initial Trip Charge. Over 50 miles from store	\$250.00	\$160.00	
	Measure Charge. Credit will be given on installation purchase. No credit due if only materials are purchased (no labor)	\$300.00	\$185.00	
	Delivery Charge. Up to 30 miles from store. Only charge if selling stock cabinets from store. Charge is valid whether Supreme is installing or not.	\$252.50	\$155.00	
	Misc Charge. Please note exactly what charge is for.	\$200.00	\$140.00	for 150 story building
Very Important!!! Make sure customer order includes at least (1) piece of scribe and a Touch-Up Kit		\$2,686.94	\$1,643.00	9/1/14

STATE OF ILLINOIS

) SUPREME CONSTRUCTION INC
14013 w Russell Rd, Zion, IL 60099

COUNTY OF WILL


TO: Carolyn & Paul Bough

12136 Meadowland Drive, Homer Glen, IL 60491

You are hereby notified that Supreme Construction INC, of 14013 w Russell Rd, Zion, IL 60099, has been engaged and employed by contractor HOB0, of 1693 S. Plainfield Rd., Crest Hill, IL 60403, on 08/07/18 to Install Cabinets and did, accordingly, on 08/07/18 start The installation of cabinets and has completed the installation of cabinets for the premises owned and occupied by you at 12136 Meadowland Drive, Homer Glen, IL 60491; and that the total contract price for the installation of cabinets is \$1,472.75. The undersigned claims a lien therefor against the above-described property, against your interest therein, and against money due from you to the contractor.

Dated at Lake County, Illinois, this 26th day of October, 2018.

Marc Taylor



President

NOTICE TO OWNER

The subcontractor providing this notice has performed work for or delivered material to your home improvement contractor. These services or materials are being used in the improvements to your residence and entitle the subcontractor to file a lien against your residence if the services or materials are not paid for by your home improvement contractor. A lien waiver will be provided to your contractor when the subcontractor is paid, and you are urged to request this waiver from your contractor when paying for your home improvements.





Northern District of Illinois Claims Register

[18-30047 Hillcrest Enterprises LLC](#)

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Chicago

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27375208)
Paul Bough and Carolyn Bough
12136 Meadowland Drive
Homer Glen, IL 60491

Claim No: 10
Original Filed
Date: 12/13/2018
Original Entered
Date: 12/13/2018

Status:
Filed by: CR
Entered by: EPoc ADI
Modified:

Amount claimed: \$1799.00

Priority claimed: \$1799.00

History:

[Details](#) [10-1](#) 12/13/2018 Claim #10 filed by Paul Bough and Carolyn Bough, Amount claimed: \$1799.00 (ADI, EPoc)

Description:

Remarks:

Claims Register Summary

Case Name: Hillcrest Enterprises LLC

Case Number: 18-30047

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$1799.00
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	\$1799.00	
Administrative		