Case 18-30047 Claim 14-1 Filed 01/03/19 Desc Main Document Page 1 of 8

Fill in this information to identify the case:								
Debtor 1	Hillcrest Enterprises, LLC							
Debtor 2 (Spouse, if filing)								
United States	Bankruptcy Court for the: Northern District of Illinois - Eastern Div							
Case number	18-30047							

Official Form 410

Proof of Claim

04/16

FILED UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS JAN - 3 2019

JEFFREY P. ALLSTEADT, CLERK TEAM - CA

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.

C	Part 1: Identify the C	laim	
1.	Who is the current creditor?	MAC SALES GASA LWG 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?	Vo Ves. 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? $ \underbrace{MAK}_{Name} \\ \underbrace{P.G}_{Name} \\ \underbrace{P.G}_{State} \\ \underbrace{Street}_{Street} \\ \underbrace{SAST}_{City} \\ \underbrace{BCidgeonle(, MA 09333)}_{State} \\ \underbrace{City}_{State} \\ \underbrace{Contact}_{ZIP} \\ \underbrace{Code}_{State} \\ \underbrace{Contact}_{ST} \\ \underbrace{SSS}_{State} \\ \underbrace{SSS}_{State} \\ \underbrace{SSS}_{State} \\ \underbrace{SSS}_{State} \\ \underbrace{SSS}_{State} \\ \underbrace{SSS}_{State} \\ \underbrace{SSSS}_{State} \\ \underbrace{SSSS}_{State} \\ \underbrace{SSSS}_{State} \\ \underbrace{SSSS}_{State} \\ \underbrace{SSSS}_{State} \\ \underbrace{SSSSS}_{State} \\ \underbrace{SSSSS}_{State} \\ \underbrace{SSSSSS}_{State} \\ \underbrace{SSSSSSSS}_{SSSSS} \\ SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS$	Where should payments to the creditor be sent? (if different) SAMX Name Number Street City State ZIP Code Contact phone SAME Contact email SAMZ
4.	Does this claim amend one already filed?	Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Ves. Who made the earlier filing?	

~	P											
ō.	Do you have any number you use to identify the debtor?	PNo Ves. Last 4 digits of the debtor's account or any number you use to identify the debtor:										
7.	How much is the claim?	 Son Son Son Son Son Son Son Son Son Son										
3.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.										
	claim?	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 SdO										
Э.	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)%										
		*										
10	Is this claim based on a lease?	Ves. Amount necessary to cure any default as of the date of the petition. \$										
11	Is this claim subject to a right of setoff?	12 No										
		Yes. Identify the property:										

entitled to priority
f adjustment.

ant SH Sign Be

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 (

Signature

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

Name Middle name First name 0.0 Title Company ron Identify the corporate servicer as the company if the authorized agent is a servicer. ∧.ddress Number KMi 0232 State **ZIP** Code Contact phone Email Muching RMILI hides to me



MAC SALES GROUP INC PO Box 480 East Bridgewater, MA 02333

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Invoice #	Date
46865	6/1/2018
Terms	Due Date
Net 30	7/1/2018

Bill To 2650 Belvidere Road Waukegan, IL 60085

Ship To HOBO 23

1693 Plainfield Rd Crest Hill, IL 60403

Rep	F.O.B
AM	МА

If you have any questions concerning this invoice, contact Dick MacKay, 508-378-3500

THANK YOU FOR YOUR BUSINESS!

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OH	HOME OWNERS RARGAIN OUTLET	T0:			VENDOR	MA100	LINE# S			H0W40000			TOTAL UNITS

Northern District of Illinois Claims Register

18-30047 Hillcrest Enterprises LLC

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Last Date to file claims:

Office: Eastern Division

Last Date to file (Govt):

Trustee:

Creditor: (27212930) MAC SALES GROUP, INC. 140 LAUREL ST. **PO BOX 480** E BRIDGEWATER, MA 02333

Claim No: 14 Original Filed Date: 01/03/2019 Original Entered Date: 01/04/2019 Status: Filed by: CR Entered by: Kimetha Collier Modified:

Amount claimed: \$307.00

History:

Details 14-1 01/03/2019 Claim #14 filed by MAC SALES GROUP, INC., Amount claimed: \$307.00 (Collier, Kimetha)

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* \$307.00

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		
Administrative		