

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

Case number 18-30047

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>Hodedah Import Inc.</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>Coface North America Insurance Company</u> Name <u>650 College Road East, Suite 2005</u> Number Street <u>Princeton, NJ 08540</u> City State ZIP Code Contact phone <u>609-469-0459</u> Contact email <u>amy.schmidt@coface.com</u>	Where should payments to the creditor be sent? (if different) 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?	<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: 8 3 3 9

7. How much is the claim? \$ 21,392.00 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)?

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).

☐ 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).

☐ 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).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 02/20/2019
MM / DD / YYYY

/s/ Amy Schmidt

Signature

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

Name	<u>Amy Schmidt</u>		
	First name	Middle name	Last name
Title	<u>agent</u>		
Company	<u>Coface North America Insurance Company</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>650 College Road East, Suite 2005</u>		
	Number	Street	
	<u>Princeton</u>	<u>NJ</u>	<u>08540</u>
	City	State	ZIP Code
Contact phone	<u>609-469-0459</u>	Email	<u>amy.schmidt@coface.com</u>



HODEDAH IM PORT IN C.
2306 CONEY ISLAND AVE 2ND FL
BROOKLYN NY 11223
TEL: 718-456-0505
INVOICES@HODEDAH.COM
WWW.HODEDAH.COM

Invoice

Date	Invoice #
8/3/2018	199783

Bill To
HOBO Hillcrest Enterprises LLC 557 S. 78TH AVE BRIDGEVIEW, IL 60455 708-924-9155

Ship To
HOBO 7557 S. 78TH AVE BRIDGEVIEW, IL 60455 708-924-9155

P.O. No.	Terms	Rep	Ship Via
n21745			

Box	Qty	Item	Description	Rate	UPC	Amount
60	60	HIC327 BLACK	ARMLESS OFFICE CHAIR WITH SEAT CUSHION - BLACK	31.00	812183012196	1,860.00
28	28	HIC327 RED	ARMLESS OFFICE CHAIR WITH SEAT CUSHION - RED	31.00	812183012820	868.00
106	106	HI-8001 GREY	MESH BACK OFFICE CHAIR - BLACK/GREY	35.00	812183017627	3,710.00
48	48	HI-2007 BLACK	MESH BACK OFFICE CHAIR - BLACK	35.00	812183010017	1,680.00

Company Policies:

- All customers picking up merchandise from our warehouse must check their order before accepting the goods. Once you have left the warehouse Hodedah Import is not responsible for any damaged or missing items.
- All customers accepting deliveries from Hodedah Import drivers must check complete order before signing the invoice. Once the invoice is signed Hodedah Import is not responsible for any damaged or missing items.
- Hodedah Import is not responsible for ANY damaged goods once the merchandise has left our warehouse. We do NOT accept any returns nor are we required to supply any parts.

Total	\$8,118.00
Payments/Cred its	\$0.00
Balance Due	\$8,118.00



HODEDAH IMPORT INC.
 2306 CONEY ISLAND AVE 2ND FL
 BROOKLYN NY 11223
 TEL: 718-456-0505
 INVOICES@HODEDAH.COM
 WWW.HODEDAH.COM

Invoice

Date	Invoice #
8/3/2018	199784

Bill To
HOBO Hillcrest Enterprises LLC 557 S. 78TH AVE BRIDGEVIEW, IL 60455 708-924-9155

Ship To
HOBO 7557 S. 78TH AVE BRIDGEVIEW, IL 60455 708-924-9155

P.O. No.	Terms	Rep	Ship Via
n21585			

Box	Qty	Item	Description	Rate	UPC	Amount
25	25	HID8600 CHERRY	2 DOOR WARDROBE - CHERRY	60.00	812183018433	1,500.00
28	28	HID8600 BLACK	2 DOOR WARDROBE - BLACK	60.00	812183018457	1,680.00
36	36	HIK78 CHOC-GREY	KITCHEN ISLAND - CHOCOLATE GREY OAK	58.00	812183011298	2,088.00
16	16	HIK77 CHOC-GREY	MICROWAVE STAND - CHOCOLATE GREY OAK	45.00	812183019317	720.00
21	21	HI816 T BLACK	TWIN METAL BED - BLACK	49.00	812183019928	1,029.00
29	29	HI816 T WHITE	TWIN METAL BED - WHITE	49.00	812183017290	1,421.00
29	29	HI816 T SILVER	TWIN METAL BED - SILVER	49.00	812183012530	1,421.00

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Total	\$9,859.00
Payments/Credits	\$0.00
Balance Due	\$9,859.00



HODEDAH IMPORT INC.
 2306 CONEY ISLAND AVE 2ND FL
 BROOKLYN NY 11223
 TEL: 718-456-0505
 INVOICES@HODEDAH.COM
 WWW.HODEDAH.COM

Invoice

Date	Invoice #
8/21/2018	200163

Bill To
HOBO Hillcrest Enterprises LLC 557 S. 78TH AVE BRIDGEVIEW, IL 60455 708-924-9155

Ship To
HOBO 7557 S. 78TH AVE BRIDGEVIEW, IL 60455 708-924-9155

P.O. No.	Terms	Rep	Ship Via
n21876			

Box	Qty	Item	Description	Rate	UPC	Amount
34	34	HID8300 BLACK	2 DOOR WARDROBE - BLACK	35.00	812183014640	1,190.00
32	32	HID8300 MAHOGANY	2 DOOR WARDROBE - MAHOGANY	35.00	812183015739	1,120.00
17	17	HI910 Q CHARCOAL	QUEEN METAL BED - CHARCOAL	65.00	812183013544	1,105.00

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- Hodedah Import is not responsible for ANY damaged goods once the merchandise has left our warehouse. We do NOT accept any returns nor are we required to supply any parts.

Total	\$3,415.00
Payments/Credits	\$0.00
Balance Due	\$3,415.00

Northern District of Illinois Claims Register

[18-30047 Hillcrest Enterprises LLC](#)

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27569309)

Claim No: 47

Status:

Hodedah Import Inc.

Original Filed

Filed by: CR

Coface North America Insurance
Company

Date: 02/21/2019

Entered by: Amy Schmidt

650 College Road East, Suite
2005

Original Entered

Modified:

Date: 02/21/2019

Princeton, NJ 08540

Amount claimed: \$21392.00

History:

[Details](#) [47-1](#) 02/21/2019 Claim #47 filed by Hodedah Import Inc., Amount claimed: \$21392.00 (Schmidt, Amy)

Description: (47-1) dcon 58339

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*	\$21392.00
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		