

**Fill in this information to identify the case:**

Debtor 1 KLS Acquisition Corp.

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30052

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? Haddad United LLC  
 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? **Where should notices to the creditor be sent?**  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
Coface North America Insurance Company  
 Name 650 College Road East, Suite 2005  
 Number Street  
Princeton, NJ 08540  
 City State ZIP Code  
 Contact phone 609-469-0459  
 Contact email amy.schmidt@coface.com

**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?  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? \_\_\_\_\_

**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 4 2 0

7. How much is the claim? \$ 3,696.00. 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)?  No

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Yes. Check one:

<input type="checkbox"/> 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 \$ _____
<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 4/01/19 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 11/15/2018  
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>

10:30 AM  
11/07/18

**HADDAD UNITED LLC**  
**Open Invoices**  
As of January 17, 2019

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>P. O. #</u>	<u>Terms</u>	<u>Due Date</u>	<u>Aging</u>	<u>Open Balance</u>
<b>HOBO HOME OWNERS 847-263-1240</b>							
Invoice	07/11/2018	13027	n0020842	Net 30	08/10/2018	160	<u>3,696.00</u>
<b>Total HOBO HOME OWNERS 847-263-1240</b>							<u>3,696.00</u>
<b>TOTAL</b>							<u><u>3,696.00</u></u>

# HADDAD UNITED LLC

330 HURST STREET

330 Hurst Street  
Linden, NJ 07036

Phone # 9088622878 Fax # 9088620044

# Invoice

DATE INVOICE #  
7/11/2018 13027

**BILL TO**

KLS ACQUISITION CORP  
HOBO HOME OWNERS 847-263-1240  
2650 BELVIDERE ROAD  
WAUKEGAN, IL 60085  
ATTN:ACCOUNTS PAYABLE

**SHIP TO**

BRIDGEVIEW WAREHOUSE #47  
7557 S. 78TH AVE  
BRIDGEVIEW, IL 60455  
414-762-1600

P.O. NO.	TERMS	REP	SHIP VIA	FREIGHT	CUSTOMER ACCT. #	DEPT#
n0020842	Net 30		CALL FOR ...			
ITEM	QTY	U/M	UNITS	DESCRIPTION	PRICE	AMOUNT
FGMJ500D	28	dz	DZ -3-17-24	FG MENS DARK DENIM JEANS, ASSORTED SIZES 30-44 TO EACH CARTON 23290 079809112955	66.00	1,848.00
FGMJ500	28	dz	DZ 6-8-10-11	FG MENS DENIM JEANS, ASSORTED SIZES 30-44 TO EACH CARTON 23290 079809106695	66.00	1,848.00

Thank you for your business.

**Total** \$3,696.00

PAST DUE BILLS ARE SUBJECT TO THE COSTS OF COLLECTION INCLUDING  
AGENT AND ATTORNEY FEES.

**STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE**

RECEIVED SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING. THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, ACCEPT AS NOTED, (CONTENTS AND CONDITION OF CONTENTS OF PACKAGES UNKNOWN) MARKED, CONSIGNED, AND DESTINED AS INDICATED BELOW. THE SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK HEREOF, SAID FORTH IN THE CLASSIFICATION OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS.

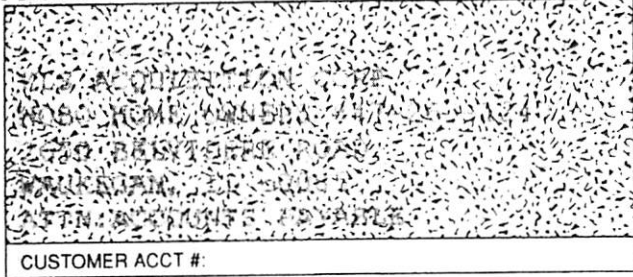
**BILL OF LADING**

DATE	BILL OF LADING #
11-10-18	13027

13027

**HADDAD INTERNATIONAL LLC**

330 HURST STREET • LINDEN, NJ 07036 • TEL: (908) 862-2888 • FAX: (908) 862-0044



SHIP TO:

BRIDGEVIEW WAREHOUSE #47  
 7001 J. 7TH AVE.  
 BRIDGEVIEW, IL 60455  
 414-732-1800

P.O. NO.	DEPT. NO.
00020842	

SHIP VIA	SALESMAN
CALL UCA ROL	Prepaid

140

AMNT OF CRTNS	ITEM	QTY	UNIT	DESCRIPTION
14	FGMJ500D	28	EA	3-17-24 FG MENS DARE DENIM JEANS, ASSORTED SIZES
				30-44 TO EACH CARTON 20290 07480412244
14	FGMJ500	28	EA	9-8-10 FG MENS DENIM JEANS, ASSORTED SIZES
				30-44 TO EACH CARTON 20290 07480412244
Packing slip attached				
TOTAL CARTONS		CORR.WT.		TRAILER/TRUCK #
28		1500		AMOUNT OF CARTONS: 28

PRINT NAME: John 205

DATE: 11-10-18

CARRIERS NAME: JCL

TRAILER/TRUCK #

AMOUNT OF CARTONS: 28

C.O.D. SHIPMENT

C.O.D. Amt. \_\_\_\_\_

Collection Fee \_\_\_\_\_

Total Charges \_\_\_\_\_

Subject to Section 7 of conditions of applicable bill of lading if the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Received \$ \_\_\_\_\_ to apply in prepayment of the charges on the property described hereon.

(Signature of Consignor) \_\_\_\_\_ Agent or Cashier \_\_\_\_\_

Per (The signature here acknowledges only the amount prepaid.) \_\_\_\_\_ Charges Advanced \_\_\_\_\_

! (Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.)

This is to certify that the above articles are properly described by name, and are packed and marked and are in proper condition for transportation according to regulations prescribed by the Interstate Commerce Commission.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding 4000

SHIPPER PER \_\_\_\_\_

Agent PER \_\_\_\_\_

Permanent post-office address of shipper:  
 HADDAD  
 330 HURST STREET • LINDEN, NJ 07036

# Northern District of Illinois Claims Register

[18-30052 KLS Acquisition Corp.](#)

**Honorable Judge:** Jacqueline P. Cox

**Chapter:** 11

**Office:** Chicago

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

*Creditor:* (27304046)

**Claim No:** 10

*Status:*

Haddad United LLC

*Original Filed*

*Filed by:* CR

Coface North America Insurance Company

*Date:* 11/15/2018

*Entered by:* Amy Schmidt

650 College Road East, Suite 2005

*Original Entered*

*Modified:*

Princeton, NJ 08540

*Date:* 11/15/2018

Amount claimed: \$3696.00

*History:*

[Details](#) [10-1](#) 11/15/2018 Claim #10 filed by Haddad United LLC, Amount claimed: \$3696.00 (Schmidt, Amy)

*Description:* (10-1) deon 57420

*Remarks:*

## Claims Register Summary

**Case Name:** KLS Acquisition Corp.

**Case Number:** 18-30052

**Chapter:** 11

**Date Filed:** 10/25/2018

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$3696.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		