

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? The Mazel Company
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?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Coface North America Insurance Company Name _____
Name

650 College Road East, Suite 2005 Number _____ Street _____
Number Street

Princeton, NJ 08540 City _____ State _____ ZIP Code _____
City State ZIP Code

Contact phone 609-469-0459 Contact phone _____

Contact email amy.schmidt@coface.com 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 6 2 1

7. How much is the claim? \$ 25,935.14. 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

Yes. Check one:

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.

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. \$ _____

* 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 12/17/2018
MM / DD / YYYY

/s/ Amy Schmidt

Signature

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

Name Amy Schmidt
First name Middle name Last name

Title agent

Company Coface North America Insurance Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 650 College Road East, Suite 2005
Number Street
Princeton, NJ 08540
City State ZIP Code

Contact phone 609-469-0459 Email amy.schmidt@coface.com

CustNo: 09026 HOME OWNERS BARGAIN HOME OWNERS BARGAIN
 Slsm: 38 2650 BELVIDERE ROAD 2650 BELVIDERE ROAD
 CoCode: M WAUKEGAN IL 60085 WAUKEGAN IL 60085

BillTo: 00000 Del App: Y Sort : HOME
 Contact: 847-888-8583 Hold : A/R HOLD & ACCT HOLD
 XrefNo: 00000 Phone : 4147621600 Limit: 0
 Open Orders: 0 High Credit: 102,227

+----- A / R A G E I N G -----+		
< 31:	.00	> 90 : .00
> 30:	.00	> 120: .00
> 45:	.00	> 150: .00
> 60:	12,959.56	> 180: .00
> 75:	12,975.58	

Generic Notes: YES
 History Info : YES
 Invoice Notes: YES

Total A/R: 25,935.14

CMD:7-END program 4-Search 8-Current A/R 12-Generic Notes
 1-New custno 3-Search return 10-Closed A/R 24-Reporting
 2-BOL Inquiry 9-A/R hold 11-Open Orders

ARCURINQ

THE MAZEL COMPANY

SGARANT

A/R Current Receivables

11/30/18 09:37

CustNo: 09026

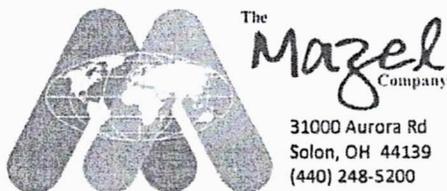
HOME OWNERS BARGAIN

OPEN A/R INVOICES

	* InvNo	Date		Reference	Amount	Balance	Fr t
01	* 428920	09/13/18	INV/01	INVOICE	5,957.58	5,957.58	.00
02	* 428924	09/13/18	INV/01	INVOICE	720.00	720.00	.00
03	* 428925	09/13/18	INV/01	INVOICE	6,298.00	6,298.00	.00
04	* 429173	09/27/18	INV/02	INVOICE	12,959.56	12,959.56	.00

On screen: 1 Last screen: 1 Notes: __

CMD:3-return 9-last screen ENTER-Note inquiry
 roll up/down 10-first screen 12-Note Add



INVOICE

Invoice Number
428920
Invoice Date
09/13/2018
Terms
NET 30 DAYS

Bill To:

HOME OWNERS BARGAIN
2650 BELVIDERE ROAD
WAUKEGAN IL 60085

Shipped To:

HOME OWNERS BARGAIN #47
7557 S 78TH AVENUE
BRIDGEVIEW IL 60455

Remit to:

THE MAZEL COMPANY
P.O. BOX 932351
CLEVELAND, OH 44193-2351

SHOW: 330

Page 1

Order No.:	Cust. No.:	Cust. PO No.:	Ship VIA	Ship Date	COL PPD	Salesman
611741	28673	N000022063	SCHNEIDER	09/13/2018		38

Miscellaneous Information

SPLIT: 610522

BOL No.: 73491

Qty. Shipped	Cartons	Pack	Item No.		List Price	Unit Price	Amount
216	36	6	RMCS360001	TOTE, BLAZER BLU, 36GAL 1248118	21.99	10.00	2,160.00
2,274	758	3	SB0119	STACK BIN, MED, WHT 1248122	5.99	1.67	3,797.58
	----- 794			W/03399 C/02146			----- 5,957.58

NOTICE: Acceptance of above described goods constitutes customer's agreement to 1-1/2% per month (18% annually) service charge on all amounts 30 days past due. Request for credit because of shortages, damages/defective merchandise, price difference and returns must be communicated in writing within ten (10) days of receipt of goods.
No returns of merchandise will be allowed without prior written approval.

PAY THIS AMOUNT

COMPLETE P.O.
5,957.58



HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

TO: Mazel Co.
31000 Aurora Rd.
Solon OH 44139
PHONE: (605) 371-5455
FAX : (301) 576-7392

SHIP TO: HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE ORDER	
P.O. #: n000022063 Store : 47	
Order Date: 8/27/18 Date Due : 9/17/18 Alt. PO # : Order Type: NORMAL Buyer : JORI	
TOTAL COST	12975.58
TOTAL FREIGHT	.00
OTHER CHARGES	.00
TOTAL P.O.	12975.58

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS
MA115		F	N	HTR		HOB		NET 30 DAYS

LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
			BILL TO:	HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085					
			SPECIAL INST:	HOBO TO ROUTE. PLEASE EMAIL DISPATCH@HOBOONLINE.COM TO REQUEST A ROUTING FORM.					
7	C	112	1248117	* ROUGHNECK TOTE 35 GAL BLUE	RMRT350001		12.00	EA	1344.00
14	C	288	1248118	* TOTE BLUE 36 GAL	RMCS360001		10.00	EA	2880.00
18	C	88	1248119	* TOTE CLEAR 71 QT	RMCC710003		7.00	EA	616.00
25	C	288	1248120	* TOTE CLEAR/BLUE LID 15 QT	RMCC150005		2.25	EA	648.00
33	C	306	1248121	* ROUGHNECK TOTE 25 GAL BLUE	RMRT250000		10.00	EA	3060.00
41	C	2274	1248122	* STACK BIN MED WHITE	SB0119		1.67	EA	3797.58
48	C	180	1248123	* TUB W ROPE 20 GAL BLACK	TU0291		3.50	EA	630.00

TOTAL UNITS 3536

P.O. Approved By: _____

Date: _____

Date: 9/13/18		BILL OF LADING			Page 1 of 1	
SHIP FROM				Bill of Lading Number: 06453360000734917 73491		
Name: THE MAZEL COMPANY Address: 31000 AURORA RD City/State/Zip: SOLON OH 44139 SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO				CARRIER NAME: SCHNEIDER Trailer number: 1894 Seal number(s): 2453117 SCAC: SCNN Pro number:		
Name: _____ Location #: _____ Address: HOME OWNERS BARGAIN #47 City/State/Zip: BRIDGEVIEW IL 60455 CID#: _____ FOB: <input type="checkbox"/>						
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <u>freight charges are prepaid unless marked otherwise</u>		
Name: _____ Address: _____ City/State/Zip: _____				Prepaid _____ Collect <input checked="" type="checkbox"/> 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
SPECIAL INSTRUCTIONS: CALL FOR APPT: 414-762-1600						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		#PKGS	WEIGHT	PALLET	ADDITIONAL SHIPPER INFO	
N000022063		794	3,399		611741	
GRAND TOTAL		794	3,399			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC # CLASS
						<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care See Section 7(e) of NMFC Item 369</small>
		794	CTN	3,399		156600 85.00
		41	PLT	1,435		199550 70.00
						PALLET WEIGHT
GRAND TOTAL		794		4,834	GRAND TOTAL	
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. = 14706(c)(1)(A) and (B).						
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.				Subject to Section 7 of conditions, if this 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. THE MAZEL COMPANY Shipper Signature		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and recused placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order except as noted.



The **Mazel**
Company

31000 Aurora Rd
Solon, OH 44139
(440) 248-5200

INVOICE

Invoice Number
428924
Invoice Date
09/13/2018
Terms
NET 30 DAYS

Bill To:

HOME OWNERS BARGAIN
2650 BELVIDERE ROAD
WAUKEGAN IL 60085

Shipped To:

HOME OWNERS BARGAIN #47
7557 S 78TH AVENUE
BRIDGEVIEW IL 60455

Remit to:

THE MAZEL COMPANY
P.O. BOX 932351
CLEVELAND, OH 44193-2351

SHOW: 330

Page 1

Order No.:	Cust. No.:	Cust. PO No.:	Ship VIA	Ship Date	COL PPD	Salesman
611989	28673	N000022063	SCHNEIDER	09/13/2018		38

Miscellaneous Information

SPLIT: 611741

BOL No.: 73494

Qty. Shipped	Cartons	Pack	Item No.		List Price	Unit Price	Amount
72	12	6	RMCS360001	TOTE, BLAZER BLU, 36GAL 1248118	21.99	10.00	720.00
	----- 12			W/00552 C/00137			----- 720.00

NOTICE: Acceptance of above described goods constitutes customer's agreement to 1-1/2% per month (18% annually) service charge on all amounts 30 days past due. Request for credit because of shortages, damages/defective merchandise, price difference and returns must be communicated in writing within ten (10) days of receipt of goods.
No returns of merchandise will be allowed without prior written approval.

PAY THIS AMOUNT

COMPLETE P.O.

720.00



The **Mazel** Company

31000 Aurora Rd
Solon, OH 44139
(440) 248-5200

INVOICE

Invoice Number

428925

Invoice Date

09/13/2018

Terms

NET 30 DAYS

Bill To:

HOME OWNERS BARGAIN
2650 BELVIDERE ROAD
WAUKEGAN IL 60085

Shipped To:

HOME OWNERS BARGAIN #47
7557 S 78TH AVENUE
BRIDGEVIEW IL 60455

Remit to:

THE MAZEL COMPANY
P.O. BOX 932351
CLEVELAND, OH 44193-2351

SHOW: 330

Page 1

Order No.:	Cust. No.:	Cust. PO No.:	Ship VIA	Ship Date	COL PPD	Salesman
611742	28673	N000022063	SCHNEIDER	09/13/2018		38

Miscellaneous Information

SPLIT: 610522

BOL No.: 73494

Qty. Shipped	Cartons	Pack	Item No.		List Price	Unit Price	Amount
288	36	8	RMCC150005	TOTE, CLEAR BASE, BLU LID, 15QT 1248120	6.99	2.25	648.00
88	22	4	RMCC710003	TOTE, CLEAR BASE & LID, 71QT 1248119	13.99	7.00	616.00
306	34	9	RMRT250000	TOTE, ROUGHNECK, 25GAL, BLU 1248121	27.99	10.00	3,060.00
112	28	4	RMRT350001	TOTE, ROUGHNECK, 35GAL, BLU 1248117	35.99	12.00	1,344.00
180	45	4	TU0291	TUB, REC, W/ROPE HNDL, BLK, 20GA 1248123	13.99	3.50	630.00
	----- 165			W/04781 C/01319			----- 6,298.00

NOTICE: Acceptance of above described goods constitutes customer's agreement to 1-1/2% per month (18% annually) service charge on all amounts 30 days past due. Request for credit because of shortages, damages/defective merchandise, price difference and returns must be communicated in writing within ten (10) days of receipt of goods.
No returns of merchandise will be allowed without prior written approval.

PAY THIS AMOUNT

COMPLETE P.O.
6,298.00



HOBO 47
 7557 S. 78TH AVE.
 BRIDGEVIEW, IL 60455
 (708) 924-9155

TO: Maze1 Co.
 31000 Aurora Rd.
 Solon OH 44139
 PHONE: (605) 371-5455
 FAX : (301) 576-7392

SHIP TO: HOBO 47
 7557 S. 78TH AVE.
 BRIDGEVIEW, IL 60455

PURCHASE ORDER

P.O. #: n000022063
 Store : 47

Order Date: 8/27/18
 Date Due : 9/17/18
 Alt. PO # :
 Order Type: NORMAL
 Buyer : JORI

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS
MA115		F	N	HTR		HOB		NET 30 DAYS

LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
			BILL TO:	HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085					
			SPECIAL INST:	HOBO TO ROUTE. PLEASE EMAIL DISPATCH@HOBOONLINE.COM TO REQUEST A ROUTING FORM.					
7	C	112	1248117	* ROUGHNECK TOTE 35 GAL BLUE	RMRT350001		12.00	EA	1344.00
14	C	288	1248118	* TOTE BLUE 36 GAL	RMCS360001		10.00	EA	2880.00
18	C	88	1248119	* TOTE CLEAR 71 QT	RMCC710003		7.00	EA	616.00
25	C	288	1248120	* TOTE CLEAR/BLUE LID 15 QT	RMCC150005		2.25	EA	648.00
33	C	306	1248121	* ROUGHNECK TOTE 25 GAL BLUE	RMRT250000		10.00	EA	3060.00
41	C	2274	1248122	* STACK BIN MED WHITE	SB0119		1.67	EA	3797.58
48	C	180	1248123	* TUB W ROPE 20 GAL BLACK	TU0291		3.50	EA	630.00

TOTAL UNITS 3536

TOTAL COST 12975.58
 TOTAL FREIGHT .00
 OTHER CHARGES .00
 TOTAL P.O. 12975.58

P.O. Approved By: _____

Date: _____

Date: 9/13/18 **BILL OF LADING** Page 1 of 1

SHIP FROM		Bill of Lading Number:
Name:	THE MAZEL COMPANY	06453360000734948
Address:	31000 AURORA RD	73494
City/State/Zip:	OLON OH 44139	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME:
Name:	Location #:	SCHNEIDER
Address:	HOME OWNERS BARGAIN #47	Trailer number: 208
City/State/Zip:	7557 S 78TH AVENUE IL 60455	Seal number(s): 2455207
CID#:	FOB: <input type="checkbox"/>	SCAC: SCNN
		Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: <u>(freight charges are prepaid unless marked otherwise)</u>
Name:		
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS:		Prepaid _____ Collect <u>X</u> 3 rd Party _____
CALL FOR APPT: 414-762-1600		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

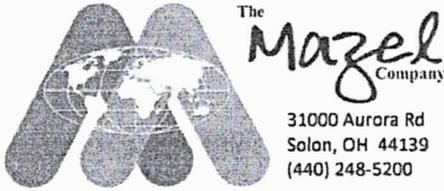
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET	ADDITIONAL SHIPPER INFO
N000022063	12	552		611989
N000022063	165	4,781		611742
GRAND TOTAL		177	5,333	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
177	CTN	5,333				SUB8 PLASTIC ARTICLES 12-15 PCF	156600	85.00
27	PLT	945				PALLET WEIGHT	199550	70.00
24								
GRAND TOTAL		177	6,278					245/104

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. = 14706(c)(1)(A) and (B).
 RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.
 Subject to Section 7 of conditions, if this 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.
THE MAZEL COMPANY Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i> D. Hovari 9/13/18
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INVOICE

Invoice Number
429173
Invoice Date
09/27/2018
Terms
NET 30 DAYS

Bill To:

HOME OWNERS BARGAIN
2650 BELVIDERE ROAD
WAUKEGAN IL 60085

Shipped To:

HOME OWNERS BARGAIN #47
7557 S 78TH AVENUE
BRIDGEVIEW IL 60455

Remit to:

THE MAZEL COMPANY
P.O. BOX 932351
CLEVELAND, OH 44193-2351

Order No.:	Cust. No.:	Cust. PO No.:	Ship VIA	Ship Date	COL PPD	Salesman
611316	28673	N000021954	DS	09/27/2018		38

Miscellaneous Information

BOL No.: 69218

DROPSHIP/29579378

Qty. Shipped	Cartons	Pack	Item No.		List Price	Unit Price	Amount
115	115	1	15-811-DS	PLST,DECK BOX SIT ON 71 GAL 1225305	80.00	38.14	4,386.10
56	56	1	28-811-DS	PLST,DECK BOX 60 GAL 1247531	119.00	31.96	1,789.76
70	70	1	41-811-DS	PLST,STORAGE SHED HORIZONTAL 1247540	.00	96.91	6,783.70
	----- 241			W/02761 C/01876			----- 12,959.56

NOTICE: Acceptance of above described goods constitutes customer's agreement to 1-1/2% per month (18% annually) service charge on all amounts 30 days past due. Request for credit because of shortages, damages/defective merchandise, price difference and returns must be communicated in writing within ten (10) days of receipt of goods.
No returns of merchandise will be allowed without prior written approval.

PAY THIS AMOUNT

COMPLETE P.O.
12,959.56

28673



HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

TO: Maze] Co.
31000 Aurora Rd.
Solon OH 44139
PHONE: (605) 371-5455
FAX : (301) 576-7392

SHIP TO: HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE ORDER

P.O. #: n000021954
Store : 47

Order Date: 8/20/18
Date Due : 9/24/18
Alt. PO # :
Order Type: NORMAL
Buyer : SWER

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	
MA115		F	N	PPD		PRE		NET 30 DAYS	
LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
			BILL TO:	HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085					
			SPECIAL INST:	FREIGHT PREPAID. CALL 708-924-9155 TO SCHEDULE A DELIVERY APPT 24HRS IN ADVANCE OF ARRIVAL.					
8	C	115	1225305	* 71 GALLON DECK BOX DARK BROWN	15-811-DS		38.14	EA	4386.10
16	C	60	1247531	* 60 GAL WHEELED DECK BOX DK BRN	28-811-DS		31.96	EA	1917.60
24	C	70	1247540	* HORIZONTAL STORAGE SHED MOCHA	41-811-DS		96.91	EA	6783.70

TOTAL UNITS 245

TOTAL COST 13087.40
TOTAL FREIGHT .00
OTHER CHARGES .00
TOTAL P.O. 13087.40

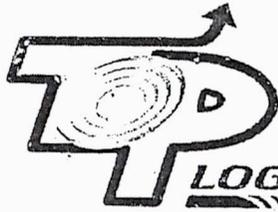
P.O. Approved By: _____

Date: _____

See website for large version of the reverse | Ver página Web para términos y condiciones | Смотрите веб-сайт для ознакомления с условиями и положениями | 提单条款和条件请见网站 | www.msc.com

 MEDITERRANEAN SHIPPING COMPANY S.A. 12-14, chemin Rieu, 1208 GENEVA, Switzerland Website : www.msc.com SCAC Code: MSCU		SEA WAYBILL No. MEDUHA023991 NON-NEGOTIABLE COPY *Port-to-Port* or *Combined Transport* (see Clause 1)		
SHIPPER: STARPLAST INDUSTRIES (1967) 32 HAMEGINIM ST 7 FLOOR HAIFA 3326226 ISRAEL		NO. & SEQUENCE OF ORIGINAL B/L's: 1/1 NO OF RIDER PAGES: 0 CARRIER'S AGENTS ENDORSEMENTS: (Include Agent(s) at POD) ***CONTINUED FROM NOTIFY PARTIES*** NOTIFY-II STARPLAST USA LLC (FOR WALMART) 145 CLIFFWOOD AVE, CLIFFWOOD, NEW JERSEY 07721-1404, UNITED STATES TEL:732-220-1500 FAX:718-698-2122 CONTACT: RITTA RITTA@STARPLASTUSA.COM FCL/FCL Lloyds / IMO Number = 9301483 Due to danger of confiscation, warranted vessel is not to call at ports and not to enter the territorial waters of any Arab countries belligerent to the state of Israel and/or ***CONTINUED IN DESC. OF PACKAGE AND GOODS***		
CONSIGNEE: This B/L is not negotiable unless marked "To Order" or "To Order of..." here. MAZEL STORES INC 31000 AURORA ROAD SOLON, OHIO, 44139 UNITED STATES TEL:0014402485200 FAX:0014403491553		NOTIFY PARTIES: (No responsibility shall attach to the Carrier or to his Agent for failure to notify - see Clause 20) MAZEL STORES INC 31000 AURORA ROAD SOLON, OHIO, 44139 UNITED STATES TEL:0014402485200 FAX:0014403491553 ***CONTINUED IN CARRIER'S AGENTS ENDORSEMENTS***		
VESSEL & VOYAGE NO. (see Clauses 8 & 9) MSC PARIS V. IU834A		PORT OF LOADING HAIFA		
BOOKING REF. (or) SHIPPER'S REF. BKIN1834190 XXXXX		PORT OF DISCHARGE NEW YORK		
PLACE OF RECEIPT: (Combined Transport ONLY - see Clauses 1 & 5.2) XXXXXXXX		PLACE OF DELIVERY: (Combined Transport ONLY - see Clauses 1 & 5.2) BRIDGEVIEW IL 60455		
PARTICULARS FURNISHED BY THE SHIPPER - NOT CHECKED BY CARRIER - CARRIER NOT RESPONSIBLE (see Clause 14)				
Container Numbers, Seal Numbers and Marks MSCU9712419/40HC SEAL1/166261 Tare Wt :3940	Description of Packages and Goods (Continued on attached Bill of Lading Rider page(s), if applicable) SLAC - 241 PACKS OF PLASTIC ITEMS FINAL DESTINATION: BRIDGEVIEW,IL 60455 USA H.S.#392490900 ***CONTINUED IN CARRIER'S AGENTS ENDORSEMENTS*** unloading in Israel unless in distress or subject to force majeure SHIPPED ON BOARD QUANTITIES & CONTENTS UNKNOWN & NOT TALLIED OF CONTROLLED BY CARRIER		Gross Cargo Weight KGS 4658.000	
Total Tare wgt. 3940 KGS	Total Gross wgt. 4658.000 KGS		Total Volume. 67.03 CBM	
FREIGHT & CHARGES Cargo shall not be delivered unless Freight & Charges are paid (see Clause 16). FREIGHT PREPAID		RECEIVED by the Carrier in apparent good order and condition (unless otherwise stated herein) the total number or quantity of Containers or other packages or units indicated in the box entitled Carrier's Receipt for carriage subject to all the terms and conditions hereof from the Place of Receipt or Port of Loading to the Port of Discharge or Place of Delivery, whichever is applicable. IN ACCEPTING THIS BILL OF LADING THE MERCHANT EXPRESSLY ACCEPTS AND AGREES TO ALL THE TERMS AND CONDITIONS, WHETHER PRINTED, STAMPED OR OTHERWISE INCORPORATED ON THIS SIDE AND ON THE REVERSE SIDE OF THIS BILL OF LADING AND THE TERMS AND CONDITIONS OF THE CARRIER'S APPLICABLE TARIFF AS IF THEY WERE ALL SIGNED BY THE MERCHANT. If this is a negotiable (To Order / of) Bill of Lading, one original Bill of Lading, duly endorsed must be surrendered by the Merchant to the Carrier (together with outstanding Freight and charges) in exchange for the Goods or a Delivery Order. If this is a non-negotiable (straight) Bill of Lading, the Carrier shall deliver the Goods against the surrender of one original Bill of Lading or in accordance with the national law at the Port of Discharge or Place of Delivery whichever is applicable. IN WITNESS WHEREOF the Carrier or their Agent has signed the number of Bills of Lading stated at the top, all of this tenor and date, and wherever one original Bill of Lading has been surrendered all other Bills of Lading shall be void.		
DECLARED VALUE (only applicable if Ad Valorem Charges paid - see Clause 7.3) XXXXXX		CARRIER'S RECEIPT (No. of Cntrs or Pkgs rcvd by Carrier - see Clause 14.1) 1 CNTR		
PLACE AND DATE OF ISSUE HAIFA 03-SEP-2018		SHIPPED ON BOARD DATE 03-SEP-2018		
		SIGNED on behalf of the Carrier MSC Mediterranean Shipping Company S.A. MSC (ISRAEL) LTD HAIFA		

29579378



6200 W 51st Street • Chicago, IL 60638
Tel: 708-929-4960 Fax: 708-546-0384
Email: chidispach@toplogistics.com

DELIVERY / PICK-UP TICKET

DATE 9/27/18

CONTROL # _____

MSCU 971241-9
CONTAINER #

CHASSIS # _____

ORIGIN CSX

DELIVERED TO HOME OWNERS BARGAIN

DESTINATION 7557 S 78 TH AVE BRIDGEVIEW IL

REMARKS _____

DRIVER HUGO VILLOSA TRK# 6068

CUSTOMER SIGNATURE _____

DATE _____

TIME IN _____

TIME OUT _____

THE ABOVE UNIT WAS DELIVERED/RECEIVED IN GOOD CONDITION EXCEPT AS NOTED ABOVE

NAME: J. Muley
SIGNATURE: _____
DATE: 9-27 PO# 2105H
SKIDS: _____ PCS: 211
APPT: 800 IN 250 OUT 1010
DRIVER

Northern District of Illinois Claims Register

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

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (27380420) **Claim No:** 27 *Status:*
The Mazel Company *Original Filed* *Filed by:* CR
Coface North America Insurance Company *Date:* 12/17/2018 *Entered by:* Amy Schmidt
650 College Road East, Suite 2005 *Original Entered* *Modified:*
Princeton, NJ 08540 *Date:* 12/17/2018

Amount claimed: \$25935.14

History:

[Details](#) [27-1](#) 12/17/2018 Claim #27 filed by The Mazel Company, Amount claimed: \$25935.14 (Schmidt, Amy)

Description: (27-1) 57621

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

Total Amount Claimed*	\$25935.14
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		