

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN -2 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

Fill in this information to identify the case:

Debtor 1 KLS Acquisitions Corp
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: _____ District of _____
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?

Eatdal Ghani

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?

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

Where should notices to the creditor be sent?

Eatdal Ghani

Name 3369 S. 69th St.
Number Street
Milwaukee WI 53219
City State ZIP Code

Contact phone 414 543 6563

Contact email daizyghani@yahoo.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

Where should payments to the creditor be sent? (if different)

Name _____
Number Street
City State ZIP Code

Contact phone _____

Contact email _____

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. How much is the claim? \$ 809,25 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.

vacation time pay out

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:

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.

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 12 16 2018
MM / DD / YYYY

Signature 

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

Name

First name

Middle name

Last name

Title

Company

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

Address

Number

Street

City

State

ZIP Code

Contact phone

Email



To: All Full-Time Employees

From: Michael Earl

Date: 10/23/2018

Re: Changes to Vacation Policy – Effective Immediately

Effective immediately, the following changes and clarifications to the Company's Vacation Policy as set forth in the HOBO Employee Handbook are in effect:

From the date of this notice, full time employees in Illinois and Wisconsin will earn vacation time throughout each year (calculated from your employment anniversary date) in the following manner:

- After completing your 1st full-time year of employment, you will earn up to 1 week of paid vacation per year calculated from your first work anniversary date throughout the year until your next anniversary date at the rate of 0.09615 days per week of employment.
- After completing your 2nd full-time year of employment, and beginning on your second anniversary date, you are entitled to up to 2 weeks of paid vacation per year which shall accrue from your work anniversary date throughout the year until your next anniversary date at the rate of 0.19231 days per week of employment.
- After completing your 5th full-time year of employment, and beginning on your fifth anniversary date, you are entitled to up to 3 weeks of paid vacation per year which shall accrue from your work anniversary date throughout the year until the next anniversary date at the rate of 0.28846 days per week of employment.

The Company reaffirms its policy of not permitting full-time employees to carry vacation time not used into the following year. No exceptions to this "no carryover" policy for vacation earned from the date of this amendment shall be granted.

Krstic, Melina

From: Earl, Mike
Sent: Friday, November 2, 2018 4:49 PM
To: Store Managers; Stores - HR Coordinator
Cc: Jurewicz, Jerry; Cwik, Julie
Subject: ACTION REQUIRED - Updates to wage motion

Importance: High

Hi Store Managers and HR Coordinators,

Our Attorney's filed a motion in court yesterday seeking permission to pay wages including paid time off, commissions, etc. They were successful in their motion. Therefore:

- We are allowed to let employees use paid time off including sick, vacation (SEE NOTE BELOW), holiday, bereavement, etc. according to the written policy.
- We are allowed to payout unused vacation time upon termination according to the written policy. (SEE NOTE BELOW)
- We are allowed to pay employees for any time form a prior pay period that was inadvertently missed from that pay period
- We are allowed to pay Designers commissions earned on the invoicing of kitchen in October (up through October 26th) on the standard payroll cycle. (From October 27 and on they are going to receive commissions from the Liquidators based on a program that was communicated out to the earlier today.)

Example: if your anniversary date is July 7 and you were awarded 10 days on July 7, and since July 7th you used 5 days, then you only have 5 days available to use or get paid out. Any amount you had in your record from a prior year is ineligible to be paid out.

NOTE UNDER NO CIRCUMSTANCE IS ANYONE OTHER THAN ME OR JULIE CWIK ALLOWED TO APPROVE VACATION TIME OFF IN THE SYSTEM BECAUSE THE SYSTEM BALANCE INCLUDES CARRY OVER AND IT WOULD BE A VIOLATION OF FEDERAL LAW TO APPROVE ANY VACATION TIME THAT WOULD BE CONSIDERED CARRYOVER. DO NOT UNDER ANY CIRCUMSTANCE APPROVE VACATION PAY! I'M TRYING TO GET PAYSERV TO CHANGE THE SYSTEM SO NONE OF YOU GET THE EMAILS OR HAVE THE ABILITY TO APPROVE VACATION TIME SO NO ONE INADVERTENTLY APPROVES TIME THAT WE ARE NOT ALLOWED TO GIVE.

Michael J Earl, SPHR, SHRM-SCP

Director of Human Resources
Home Owners Bargain Outlet

Employee Information

Employee Information

Name Eatdal Ghani
Social Security 393-82-3292
EIN KLS Acquisitions Corp
Employee Id 35
Username 35
Status Active
Time Zone Central
Primary Email eghani@hoboonline.com
Secondary Email daizyghani@yahoo.com
Work Phone 414-302-4626
Cell Phone 414-543-6563
Home Phone 414-350-3182
Eagle ID EGHA
Salesperson ID ##
Commission Eligible No
401k A
Address 3369 S 69th St
 Milwaukee, WI 53219
Birthday 05/06/1955
Hired 11/02/2010
Started 11/02/2010
Seniority 11/02/2010
Review 11/02/2010
Adjusted Date of Hire 11/02/2010
Full Time Employment Date 11/13/2011
Original Date of Hire 11/02/2010

Account Demographics

Gender F
Ethnicity
Actual Marital Status Single

Managers

Direct Report Manager Thomas P. Gessner
Store Manager Harry Hulbert
HR Coordinator Melina M. Krstic
Assistant Store Manager Thomas P. Gessner
Department Supervisor Eatdal Ghani

Contacts

Name Samer Ghani
Contact Type Emer - Primary
Relationship Emergency
Address 3369 S 69th St
 Milwaukee, WI 53219
Home Phone 414-543-6563
Cell Phone 414-795-8880
Social Security 000-00-0000
Birthday 10/19/1992
Gender U

Profiles

Accruals FULL TIME
Benefit FULL TIME BENEFITS
Holiday Store Holidays
 -- More --

Profiles - Continued

Pay Calculations Hourly
Pay Period KLS Acquisitions Corp
Pay Prep Regular
Points Attendance Occurrences
Retirement Plan Fidelity 401k
Security Dept Supervisor
Timesheet HOURLY Employee
TS Auto Population Holidays

Pay Information

	Amount	Hours
Annual	\$40,560.00	2080:00
Pay Period	\$1,560.00	80:00
Hourly	\$19.50	

Default Job Department Supervisor
Job Last Changed 09/11/2016
Job Length 2 Years, 3 Months
Standard Work Day 8:00
Employee Type Full Time Non-Exempt
Pay Type Hourly
Pay Grade
Medical Eligibility
EEO Classification Sales Workers
Default Workers Comp Cod 8058:WI

Cost Centers

Location Store 21 - West Allis
Department Housewares
Schedule Group 21 HDW/HOUSE/SEASON/PAINT
Employee Default Settings Full Time (Hourly Non-Exempt)
Jobs (HR) Department Supervisor

Accruals

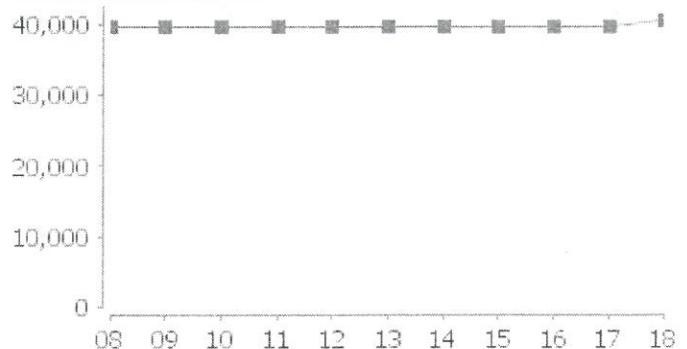
Sick (Accrued to: 11/13/2019)

Accrd	Taken	Balance	Sch	Pnd Apr
12.00	0.00	12.00	0.00	0.00

Vacation (Accrued to: 11/13/2019)

Accrd	Taken	Balance	Sch	Pnd Apr
41.50	0.00	41.50	0.00	0.00

Compensation By Year



Employee Information

Deductions

Begin Date	End Date		\$	%	Last PR	YTD
401k						
11/02/2010		EE	-	3.00	83.70	1,373.88
		ER	-	-	0.00	0.00
Medical Section 125						
11/01/2018	10/31/2019	EE	-	-	46.94	1,256.66
		ER	-	-	187.77	4,378.99
Short Term Disability						
11/01/2018	10/31/2019	EE	-	-	0.00	0.00
		ER	-	-	3.74	93.50
Basic Life						
11/01/2018	10/31/2019	EE	-	-	0.00	0.00
		ER	-	-	0.48	12.00

Tax Allowance Settings

Unemployment State	From Date	To Date
Wisconsin	12/31/1900	12/31/9999
Federal:	Single/0	
Wisconsin:	Allowances: 0	
	Filing Status: S	

Direct Deposits

Begin Date	End Date	Type	ABA#	Account#
12/31/1900		Direct Deposit	075000022	XXXXX5897
Entire/Remainder				

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: (27416421)

Claim No: 38

Status:

Eatdal Ghani

Original Filed

Filed by: CR

3369 S. 69th St.

Date: 01/02/2019

Entered by: Kimetha Collier

Milwaukee, WI 53219

Original Entered

Modified:

Date: 01/03/2019

Amount claimed: \$809.25

History:

[Details](#) [38-1](#) 01/02/2019 Claim #38 filed by Eatdal Ghani, Amount claimed: \$809.25 (Collier, Kimetha)

Description:

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*	\$809.25
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		