Case 18-30052 Claim 41-1 Filed 01/03/19 Desc Main Document Page 1 of 4

| 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 - Eastern Div | | | | |
| Case number | 18-30052 | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS JAN - 3 2019 JEFFREY P. ALLSTEADT, CLERK TEAM - CA

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 0 | Claim | |
|---|--|---------------|
| . Who is the current creditor? | Name of the current creditor (the person or entity to be paid for this of Other names the creditor used with the debtor | claim) |
| Has this claim been acquired from someone else? | No Yes. From whom? | |
| 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? JASBIR KAUR Name 6645 FOXTREE AVE Number Street WOODRIDGE TO 60517 City State ZIP Code Contact phone 630 - 706 - 0363 Contact email JKALHER WYAHOO C | Contact phone |
| Does this claim amend one already filed? | No Yes. Claim number on court claims registry (if known) | Filed on |
| Do you know if anyone else has filed a proof of claim for this claim? | No Yes. Who made the earlier filing? | |

|) . | 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: | | | | |
|------------|--|--|--|--|--|
| | How much is the claim? | \$ 12,22.11 Does this amount include interest or other charges? | | | |
| | | Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). | | | |
| | 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 SOLD | | | |
| | Is all or part of the claim | M No | | | |
| | secured? | 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: | | | |
| | | | | | |
| | | Davis for newfootion. | | | |
| | | 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: \$ | | | |
| | | | | | |
| | | Amount necessary to cure any default as of the date of the petition: \$ | | | |
| | | | | | |
| | | Annual Interest Rate (when case was filed)% | | | |
| | | Fixed | | | |
| | | ☐ Variable | | | |
| (| 0. Is this claim based on a | ₽ No | | | |
| | lease? | Yes. Amount necessary to cure any default as of the date of the petition. | | | |
| 1 | 1. Is this claim subject to a | ⊉ (No | | | |
| | right of setoff? | | | | |
| | | ☐ Yes. Identify the property: | | | |

| 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | | Amount entitled to priority | |
|---|--|-----------------------------|--|
| A claim may be partly priority and partly | ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, famil, 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 | r the date of adjustment. | |
| Part 3: Sign Below | | | |
| The person completing | Check the appropriate box: | | |
| this proof of claim must sign and date it. | ☑ I am the creditor. | | |
| FRBP 9011(b). | ☐ I am the creditor's attorney or authorized agent. | | |
| If you file this claim electronically, FRBP | am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | |
| 5005(a)(2) authorizes courts to establish local rules | I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | |
| specifying what a signature | Lundorstand that an authorized disease as this Royal Control | | |
| is. | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment th amount of the claim, the creditor gave the debtor credit for any payments received toward the del | at when calculating the ot. | |
| A person who files a fraudulent claim could be fined up to \$500,000, | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. | | |
| imprisoned for up to 5 years, or both. | I declars under namelty of parisms that the faces is a first state of the faces is a first state | | |
| 18 U.S.C. §§ 152, 157, and 3571. | I declare under penalty of perjury that the foregoing is true and correct. | | |
| | Executed on date 12/24/20/8 | | |
| | Huskii Kaw | | |
| | Signature | | |
| | Print the name of the person who is completing and signing this claim: | | |
| | Name (IASBIR KAUR | | |
| | First name Middle name Last name | | |
| | Title | | |
| | Company Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| | Address 6145 FOXTREE AVE | | |
| | Number Street WOOPRIDGE City City TO GOOD T | 517 | |
| | Contact phone 630 -766 - 363 WOODRIDGE State ZIP Code Email JKALHER | R @ 4AH00.Co | |

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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: (27421207) Claim No: 41 Status:
JASBIR KAUR Original Filed Filed by: CR

6645 FOXTREE AVE Date: 01/03/2019 Entered by: Kimetha Collier

WOODRIDGE, IL 60517 Original Entered Modified:

Date: 01/04/2019

Amount claimed: \$12221.11

History:

Details 41-1 01/03/2019 Claim #41 filed by JASBIR KAUR, Amount claimed: \$12221.11 (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* | \$12221.11 |
|------------------------------|------------|
| 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 | | |