Case 18-30052 Claim 64-1 Filed 01/22/19 Desc Main Document Page 1 of 16

Fill in this i	nformation to identify the case:	
Debtor 1	KLS Acquisition Corp.	
Debtor 2 (Spouse, if filing	i)	
United States	Bankruptcy Court for the: Northern District of Illinois - Eastern Div	
Case number	10 00050	

Official Form 410

Proof of Claim

04/16

FILED UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS JAN 22 2019

JEFFREY P. ALLSTEADT, CLERK

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 The Kopfmann Co. Inc. Name of the current creditor (the person or entity to be paid for this claim) creditor? Other names the creditor used with the debtor 2 Has this claim been V No acquired from □ Yes. From whom? someone else? 3 Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? The Kopfmann Co. Inc. Federal Rule of Name Bankruptcy Procedure (FRBP) 2002(g) 3142 W. Mill Road Number Number Street Milwaukee 53209 City City State ZIP Code Contact phone 414-858-1752 Contact phone Susen@ Kopfmanntops, com Contact email Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): 4 No No Does this claim amend one already filed? Yes. Claim number on court claims registry (if known) ____ Filed on MM / DD / YYYY 5. Do you know if anyone No No else has filed a proof Yes. Who made the earlier filing? of claim for this claim?

P	art 2: Give Informatio	n About the Claim as of the Date the Case Was Filed				
6.	Do you have any number you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: /				
7.	How much is the claim?	\$_2,366.19. 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).				
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.				
	Cialifi	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.				
		Counter tops 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)%				
		General Fixed				
		U Variable				
1	0. Is this claim based on a	No 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 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)?	Vo 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	er the date of adjustment.
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b).	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.

electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

If you file this claim

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.

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

01/14/ 2 019

Signature

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

Ν	lame	First name	Paul Middle name	Kopt	Last name
Т	itle	President			
C	ompany	Identify the corporate servicer as the	Co Inc.	in d	
			company in the author	ized agent is a	a servicer.
Ad	ddress	3142 W. Mill Number Street	hoad	-	
		Milwaukee, L	J1 5320	9	
		,		State	ZIP Code
Cc	ontact phone	414-858-1761		Email	bob@ kopfmanntops.com

3142 W. Mill Road Court Milwaukee, WI 53209

Invo	ice
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Date	Invoice #
8/23/2018	182631

Bill To

HOBO 21 West Allis Resale # 004-0000451020-01 HOBO Corporate Office 2650 Belvidere Rd - Waukegan, IL 60085 F847 263 1298

H	OBO 21 Store
80	0 S 108th St
W	est Allis, WI 53214
41	4-302-4626

				P.(O. No.		Terms	F	Project
	1			M-20137	7 Vill Rem.		Net 30		
Item	Description	S.O	Orde	Prev. In	Backo	Invoic	U/M	Rate	Amoun
FD	Furnish and deliver tops Waterfall Edge Butterum Granite - 7732-58 Top K x 86 1/2 Top K x 19 1/4 Top K x 36	182631	1	0	0	1	ea	215.51	215.5
					S	ubtotal			\$215.51
					Sa	ales Ta	x (0.0%	%)	\$0.00
					Тс	otal			\$215.51
					Pa	yment	s/Cred	its	\$0.00
					B	alanc	e Du	e	\$215.51

3142 W. Mill Road Court Milwaukee, WI 53209

Invoice

Date	Invoice #
9/6/2018	182428

Bill To

HOBO 21 West Allis Resale # 004-0000451020-01 HOBO Corporate Office 2650 Belvidere Rd - Waukegan, IL 60085 F847 263 1298

Ship To

Susan & Tom Schulte 2899 S. 92nd Street West Allis, WI 53227 262 364 7893 262 255 8165

				1							
					Ρ.	0. No.			Terms	F	Project
					M-198	376 Schu	ılte		Net 30		
Item Install	Description	S.O	Orde	Р	rev. In	Backo	D	Invoic	U/M	Rate	Amoun
	Install - Measure, Fabrication and Installation. Removal of existing tops would be extra. Plumbing by others Waterfall Edge Pearl Sequoia - 5001-07	182428	1		0			1	ft	485.00	485.0
							Su	btotal			\$485.00
							Sal	es Tax	k (0.0%	%)	\$0.00
							Tot	al			\$485.00
							Pay	ments	s/Cred	its	\$0.00
							Ba	lanc	e Du	e	\$485.00

3142 W. Mill Road Court Milwaukee, WI 53209

Invoice

Date	Invoice #				
9/6/2018	182256				

Bill To

HOBO 21 West Allis Resale # 004-0000451020-01 HOBO Corporate Office 2650 Belvidere Rd - Waukegan, IL 60085 F847 263 1298

Ship	То

Robert Lacy & Jennifer Hall 6607 N 52nd Street Milwaukee, WI 53218 414 736 7906 414 736 1334

				Ρ.	0. No.		Terms	F	roject
			-	M-1971	M-19712 Lacy/Hall		Net 30		
Item	Description	S.O	Orde	Prev. In	Backo	Invoic	U/M	Rate	Amount
Install	Install - Measure, Fabrication and Installation. Removal of existing tops would be extra. Plumbing by others No Drip Edge Sierra Cascade - #5005-38	182256	1	0		1	ft	358.68	358.68
					5	ubtota	I		\$358.68
					S	ales Ta	nx (0.0	%)	\$0.00
					Т	otal			\$358.68
					P	ayment	ts/Crec	lits	\$0.00
					E	Balanc	e Du	Ie	\$358.68

3142 W. Mill Road Court Milwaukee, WI 53209

Invoice

Date	Invoice #
9/14/2018	182783

Bill To

HOBO 21 West Allis Resale # 004-0000451020-01 HOBO Corporate Office 2650 Belvidere Rd - Waukegan, IL 60085 F847 263 1298

Ship	To

Don & Karen Prekop W205 N17314 Springridge Dr. Jackson, WI 53037 262-674-1621

					Ρ.	O. No.			Terms			^{>} roject
	1		1		M-203	M-20303 Prekop			Net 30			
Item FD	Description	S.O	Orde	Р	rev. In	Backo.	1	nvoic	U/M		Rate	Amoun
	Furnish and deliver tops Waterfall Edge Star Dune - 9309-46 Top K x 97 1/4	182783	1		0		0	1			209.01	209.0
							Sul	ototal				\$209.01
							Sal	es Ta	x (0.0	%)		\$0.00
							Tot	al				\$209.01
						F	Pay	ment	s/Crec	lits		\$0.00
						E	3a	lanc	e Du	e		\$209.01

3142 W. Mill Road Court Milwaukee, WI 53209

Invoice

Date Invoice # 9/20/2018 182776

Bill To

HOBO 21 West Allis Resale # 004-0000451020-01 HOBO Corporate Office 2650 Belvidere Rd - Waukegan, IL 60085 F847 263 1298

Ship To	
Pick Up 414-377-7112	

				Р	.O. No.		Terms	F	Project
Item			1	M202	284 Guman		Net 30		
FD	Description	S.O	Orde	Prev. In	Backo	Invoic	U/M	Rate	Amour
	Furnish and deliver tops Ribbon Marble 1889-21 Waterfall Edge Top K x 100 1/2	182776	1	0	0	1	ca	154.01	154.0
					Si	ubtotal			\$154.01
					Sa	ales Tax	× (0.0%)	\$0.00
					То	otal			\$154.01
					Pa	yments	s/Credit	S	\$0.00
					Ba	alance	e Due		\$154.01

3142 W. Mill Road Court Milwaukee, WI 53209

Invoice

Date	Invoice #
10/4/2018	182788

Bill To

HOBO 21 West Allis Resale # 004-0000451020-01 HOBO Corporate Office 2650 Belvidere Rd - Waukegan, IL 60085 F847 263 1298

	Ship To
Γ	Shirley Schulz W5473 Acorn

Way Elkhorn, WI 53121 262-441-0263

				i.								
					Ρ.	O. No.			Terms		F	Project
			T		M203	M20304 Schulz		Net 30				
ltem Install Insta	Description	S.O		P	rev. In	Backo.	In	voic	U/M	Τ	Rate	Amoun
Insta wou 3465	all - Measure, Fabrication and allation. Removal of existing tops ld be extra. Plumbing by others 5-RD Golden Mascarello erfall Edge	182788	1		0			1	ft		944.58	944.5
						5	Sub	total				\$944.58
						5	Sale	s Ta	x (0.0)%)		\$0.00
						т	ota	I				\$944.58
						P	ayn	nent	s/Crea	dits		\$0.00
						E	Bala	anc	e Du	le		\$944.58

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Northern District of Illinois Claims Register

18-30052 KLS Acquisition Corp.

Honorable Judge: Jacqueline P. Cox

Office: Eastern Division

Chapter: 11

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

Creditor: (27466647) THE KOPFMANN CO. INC. 3142 W MILL RD MILWAUKEE, WI 53209

Claim No: 64 Original Filed Date: 01/22/2019 Original Entered Date: 01/22/2019 Status: Filed by: CR Entered by: Kimetha Collier Modified:

Amount claimed: \$2366.79

History:

Trustee:

Details 64-1 01/22/2019 Claim #64 filed by THE KOPFMANN CO. INC., Amount claimed: \$2366.79 (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* \$2366.79

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		