

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

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN 28 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 Claim

1. Who is the current creditor?

Kelly Johnston

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?

Kelly Johnston

Name

6521 S. 116th Street

Number

Street

Franklin WI 53132

City

State

ZIP Code

Contact phone

(414) 427-2938

Contact email

h81vh88new@gmail.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. How much is the claim? \$ 7,423.55 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.

Unfinished, Damaged, Wrong Size, Shoddy Work

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).

\$ 7423.55

☐ 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 01 24 2019
MM / DD / YYYY

Kelly Johnston
Signature

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

Name

Kelly
First nameSue
Middle nameJohnston
Last name

Title

Company

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

Address

6521 S. 116th Street
Number StreetFranklin
CityWI
State53132
ZIP Code

Contact phone

(414) 427-2938

Email

h81vn88now@gmailh81vn88now@gmail.com

FOR SHOPPING AT HOBG
HOBG 21

800 S. 108TH ST.
WEST ALLIS, WI 53214
(414) 302-4626

8/19/13 4:56PM AGUT 24 ORDER

SUB-TOTAL:	3211.10	TAX	179.92
OK#000006 ARA#		TOTAL:	3390.92
DEPOSIT	3390.92	OK AMT:	3390.92



ORDER# 612384/21

CUST # *78647

- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.

- HOBG RESERVES THE RIGHT TO DENY ANY RETURN OR EXCHANGE AND MAY REQUEST IDENTIFICATION AS A CONDITION OF RETURN OR EXCHANGE.

- FINAL SALE ITEMS ARE IDENTIFIED BY A PRICE ENDING IN \$0.77 AND ARE NOT ELIGIBLE FOR EXCHANGE OR RETURN.

- SPECIAL ORDER, CUSTOM, AND MANUFACTURER DIRECT ITEMS ARE NON-REFUNDABLE.

- GIFT CARDS ARE NON-REFUNDABLE AND LOST OR STOLEN GIFT CARDS ARE NON-REPLACEABLE.

PLEASE SET POLICY FOR LIMITATIONS
ONLINE

PLEASE VISIT
www.hobg.com/survey/feedback
to rate our customer service.
We value your feedback!

HOB0 21
800 S. 108TH ST.
WEST ALLIS, WI 53214

PHONE: (414) 302-4626

PAGE NO: 1

SOLD KELLY JOHNSTON
TO: 6521 S. 116TH ST

CUSTOMER: *78647
TERMS: CASH/CHECK/BANKCARD

JOB: 000

DATE / TIME: 8/19/13 **4:56**
CLERK: AGUT
TERMINAL: 24

FRANKLIN WI 53132

414-427-2938 REFERENCE: KS/O KWC LEFT GAS

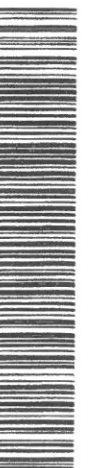
SHIP KELLY JOHNSTON
TO: 6521 S. 116TH ST

FRANKLIN WI 53132

ORDER: 612384/M

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOKW	SPECIAL ORDER KOUNTRY WOOD SELEC Kountry Wood Select Custom Kitchen Cabinets are SPECIAL ORDER. Cancellations within 48 hours are subject to a mandatory 10% restocking fee. After 48 hours absolutely no cancellations or returns will be accepted. Any modifications / alterations to the design may be subject to an additional charge and delay estimated delivery. Free delivery available within the		3868.80	/EA	3,868.80

CONTINUED...



HOB0 21
800 S. 108TH ST.
WEST ALLIS, WI 53214

PAGE NO: 2

PHONE: (414) 302-4626

SOLD KELLY JOHNSTON
TO: 6521 S. 116TH ST

CUSTOMER: *78647
TERMS: CASH/CHECK/BANKCARD

JOB: 000

FRANKLIN WI 53132

DATE / TIME: 8/19/13 4:56
CLERK: AGUT
TERMINAL: 24

SHIP TO: KELLY JOHNSTON
6521 S. 116TH ST
FRANKLIN WI 53132

414-427-2938 REFERENCE: KS/O KWC LEFT GAS

ORDER: 612384/M

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			Chicago and Milwaukee metro areas subject to a minimum purchase of four cabinets. Please allow 4-6 weeks for delivery. See design contract for additional terms and conditions. GEORGETOWN FULL OVERLAY BRISTOL CABINETES LEFT 17% SALE SAVINGS OF 657.70 KELLY JOHNSTON 6521 S. 116TH ST FRANKLIN, WI 53132 414-427-2938				

CONTINUED...



HOB0 21
800 S. 108TH ST.
WEST ALLIS, WI 53214

PHONE: (414) 302-4626

PAGE NO: 3

SOLD KELLY JOHNSTON
TO: 6521 S. 116TH ST

CUSTOMER: *78647
TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 8/19/13 4:56
CLERK: AGUT
TERMINAL: 24

FRANKLIN WI 53132
SHIP KELLY JOHNSTON
TO: 6521 S. 116TH ST
FRANKLIN WI 53132
REFERENCE: KS/O KWC LEFT GAS

ORDER: 612384/M

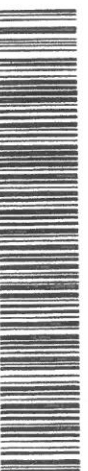
QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
-1	EA	SOKW % OFF	SOLD BY GREG KOUNTRY WOOD % OFF DISCOUNT CREDIT RETURN		657.70	/EA	-657.70 R
TAXABLE							3211.10
NON-TAXABLE							0.00
SUB-TOTAL							3211.10
TAX AMOUNT							179.82
TOTAL							3390.92

DEPOSIT AMT 3390.92
BALANCE DUE 0.00

CHECK PAYMENT
CK# 9006

3390.92

TAX AMOUNT 179.82
TOTAL 3390.92



XK 11/19/13

THANK YOU FOR SHOPPING AT HOBBO

HOBBO 21
800 S. 108TH ST.
WEST ALLIS, WI 53214
(414) 302-6726

8/19/13 4:59PM A&T

24 ORDER

SUB-TOTAL:	2442.00	TAX	136.75
CK#009007 ABA#		TOTAL:	2578.75
DEPOSIT :	2578.75	CK AMT:	2578.75



ORDER# 612386/21
CUST # *78647

- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.

- HOBBO RESERVES THE RIGHT TO REFUSE ANY RETURN OR EXCHANGE OF ANY ITEM WITHOUT IDENTIFICATION AS A CONDITION OF RETURN OR EXCHANGE.

- FINAL SALE ITEMS ARE IDENTIFIED BY A PRICE ENDING IN \$0.77 AND ARE NOT ELIGIBLE FOR EXCHANGE OR RETURN.
- SPECIAL ORDER, CUSTOM, AND MANUFACT DIRECT ITEMS ARE NON-REFUNDABLE.

- OFF CAR
- REPLACEMENT
- FUNDABLE AND LOST
- IN STORE

PLEASE SEE FULL RETURN POLICY FOR ADDITIONAL EXCLUSIONS / LIMITATIONS

PLEASE VISIT
HOBBO.COM/SURVEY/HOBBO-SURVEY
TO COMPLETE OUR CUSTOMER SERVICE
FEEDBACK! We value your feedback!

HOB0 21
800 S. 108TH ST.
WEST ALLIS, WI 53214

PHONE: (414) 302-4626

PAGE NO: 1

SOLD TO: KELLY JOHNSTON
6521 S. 116TH ST

CUSTOMER: *78647
TERMS: CASH/CHECK/BANKCARD

JOB: 000
DATE / TIME: 8/19/13 5:00
CLERK: AGUT
TERMINAL: 24

FRANKLIN WI 53132

414-427-2938 REFERENCE: KS/O SILESTONE REG GAS

SHIP TO: KELLY JOHNSTON
6521 S. 116TH ST

FRANKLIN WI 53132

ORDER: 612386/M

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOSS	SPECIAL ORDER STONE SYSTEMS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. 3CM SILESTONE QUARTZ TOP COLOR STELLAR NIGHT KELLY JOHNSTON 6521 S. 116TH ST FRANKLIN, WI 53132 414-427-2938 SOLD BY GREG		2442.00	/EA	2,442.00

DEPOSIT AMT
BALANCE DUE

2578.75
0.00

CHECK PAYMENT
CK# 9007

2578.75

TAXABLE 2442.00
NON-TAXABLE 0.00
SUB-TOTAL 2442.00
TAX AMOUNT 136.75
TOTAL 2578.75

X Kelly Johnston



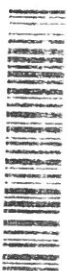
FOR SHIPPING AT HOB
HOB 71
S. 10814 ST.
MILW, WI 53214
302-4626

24 ORDER

/91.00 TAX:
TOTAL: 791.00
CK AMT: 391.00
GIFT AMT: 400.00

IFCARD#: XXXXXXXXXXXX1652
ID: 1072295704
AUTH: 022372 AMT: 400.00
Host reference #:00765743 Bat#
SWIFT
CARD TYPE:GIFT EXPR: XXXX

NEW GIFT CARD 400.00
Gift card balance : .00
DEPOSIT : 791.00



ORDER# 762964/21
CUST # *78647
Customer Copy

- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.

- HOB RESERVES THE RIGHT TO DENY ANY RETURN OR EXCHANGE AND MAY REQUEST IDENTIFICATION AS A CONDITION OF RETURN OR EXCHANGE.

- FINAL SALE ITEMS ARE IDENTIFIED BY A PRICE ENDING IN \$.77 AND ARE NOT ELIGIBLE FOR EXCHANGE OR RETURN.

- SPECIAL ORDER, CUSTOM. AND

HOB0 21
800 S. 108TH ST.
WEST ALLIS, WI 53214

PHONE: (414) 302-4626

PAGE NO: 1

SOLD
KELLY JOHNSTON
TO: 6521 S. 116TH ST

CUSTOMER: *78647
TERMS: CASH/CHECK/BANKCARD

JOB: 000

FRANKLIN
WI 53132

DATE / TIME: 4 / 9 / 14

4:17

CLERK: AVRO

TERMINAL: 24

SHIP
KELLY JOHNSTON
TO: 6521 S. 116TH ST

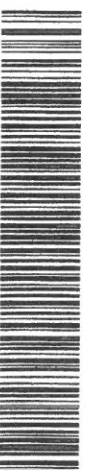
FRANKLIN
WI 53132

414-427-2938 **REFERENCE: KS/O SUPREME REG GAS**

ORDER: 762964/M

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOSI	SPECIAL ORDER SUPREME INSTALLS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. PRICE REFLECTS CANCEL GLASS INSTALL DEDUCT \$ 15.00 CANCEL TRIP CHARGE FOR GLASS \$ 100.00 DEDUCT MEASURE FEE \$ 185.00 KELLY JOHNSTON 6521 S. 116TH ST. FRANKLIN, WI 53132		791.00	/EA	791.00

CONTINUED...



HOBO 21
800 S. 108TH ST.
WEST ALLIS, WI 53214

PHONE: (414) 302-4626

PAGE NO: 2

SOLD
KELLY JOHNSTON
TO: 6521 S. 116TH ST

CUSTOMER: *78647
TERMS: CASH/CHECK/BANKCARD
JOB: 000

DATE / TIME: 4/ 9/14
CLERK: AWMRO
TERMINAL: 24
4:17

SHIP TO: KELLY JOHNSTON
6521 S. 116TH ST
FRANKLIN WI 53132
414-427-2938
REFERENCE: KS/O SUPREME REG GAS

ORDER: 762964/M

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			414-427-2938				
			SOLD BY GREG				
NEW GIFT CARD 400.00							

GIFT CARD BALANCE: 0.00

DEPOSIT AMT
BALANCE DUE
791.00
0.00

CHECK PAYMENT
CK# 7072
GIFTCARD PAYMENT
391.00
400.00

GIFT# XXXXXXXXXXXXX1652

TAXABLE
NON-TAXABLE
SUB-TOTAL
0.00
791.00
791.00

TAX AMOUNT
0.00
TOTAL
791.00



INSTALLATION CONTRACT

Please read the contract below. If you have any questions, please address them with your salesperson prior to signing this document.

PURCHASER INFORMATION	
NAME	KELLY JOHNSTON
ADDRESS	6521 S. 116TH ST
CITY, ST, ZIP	FRANKLIN, WI 53132
PHONE	414-427-2938
ALT PHONE	0
EMAIL	0

SALE INFORMATION	
SALESPERSON	Greg Slater
DATE OF SALE	
TYPE OF CABINET	
FINAL PRICE	
PROMO?	
INSTALLED BY	

HOB WILL ARRANGE FOR THE VENDOR LISTED ABOVE TO COMPLETE (purchaser to initial all applicable)

- ☐ N/A Measurement for fabrication of the cabinetry
- ☐ N/A Delivery of the cabinetry
- ☒ Installation of the cabinetry

INSTALLATION ADDRESS (IF DIFFERENT)	
NAME	
ADDRESS	
CITY, ST, ZIP	

HOB AND/OR ITS INSTALLATION VENDOR DOES NOT PARTICIPATE IN THE INSTALLATION OR MODIFICATION OF ANY PRODUCT NOT PURCHASED AT HOB.

HOB DOES NOT OFFER AND IS NOT LIABLE FOR ANY LABOR PERFORMED BY VENDOR LISTED ABOVE FOR ANYTHING BUT CABINETRY. THIS INCLUDES, BUT IS NOT LIMITED TO: PLUMBING, ELECTRICAL, DRYWALL, PAINTING, FLOORING, FRAMING, APPLIANCE INSTALLATION.

I WILL ALLOW THE INSTALLATION VENDOR TO, WITH ITS BEST EFFORT, REASONABLY REPAIR ANY CABINETRY OR ACCESSORY DURING THE INSTALLATION PROCESS. I UNDERSTAND THAT THIS IS PART OF THE NORMAL INSTALLATION PROCESS.

HOB, ITS OWNERS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY DAMAGE OR LOSS OF PRODUCTS DURING INSTALLATION. HOB, ITS OWNERS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY DAMAGE OR LOSS OF PRODUCTS DURING INSTALLATION.

owner to retain leftover materials paid for by owner.

April 11th 2013 is installation Date start to Finish.

Balance Due on Installation of \$391 Paid in full.

I have read and understand the above. By signing this document, I am in complete acceptance and understand what is being ordered for my project. I also have reviewed, accepted and signed all required forms shown above.

Purchaser Signature

Date

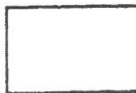
Sales Associate Signature

Date

PLEASE CONTACT THIS HOB STORE WITH ANY QUESTIONS



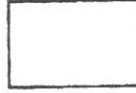
HOB #21
800 S. 108th
West Allis, WI
PH: (414) 302-4626
FX: (414) 302-4630



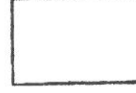
HOB #23
1693 Plainfield Rd
Crest Hill, IL
PH: (815) 730-8340
FX: (815) 730-0297



HOB #24
2650 Belvidere Rd
Waukegan, IL
PH: (847) 263-1612
FX: (847) 360-9616



HOB #25
8716 S. Cicero Ave
Oak Lawn, IL
PH: (708) 423-4656
FX: (708) 423-5058



HOB #26
300 W. North Ave
Villa Park, IL
PH: (630) 833-3200
FX: (630) 756-0915



HOB #27
3545 S. 27th St
Milwaukee, WI
PH: (414) 643-1226
FX: (414) 643-1715

COPY TO CUSTOMER - COPY TO FILE - COPY TO VENDOR

THANK YOU FOR SHOPPING AT HOBBS
HOBBS 21

800 S. 108TH ST.
WEST ALLIS, WI 53214
(414) 302-4626

8/11/13 1:18PM BST 23 ORDER

SUB-TOTAL:	185.00	TAX	
TOTAL:			185.00
BO AMT:			185.00

PK CARD# XXXXXXXXXXXX5169
ID: 32419144093663494
AUTH: 547822 AMT: 185.00
Host reference #: 606960 Rat#000473
SWIPED
CARD TYPE: VISA ACR: XXXX

DEPOSIT 185.00



ORDER# 606951/21
CUST # *77810

THANK YOU KELLY JOHNSTON
FOR YOUR PATRONAGE

Kelly Johnston

Name: X
I agree pay above total amount
under agreement
(credit voucher)

Customer Copy

EXCHANGED MUS.
IN FACTORY SEAL
REPAIRED BY ORIGINAL
PARTS OR RETURN TO HAVE

HOB0 21
800 S. 108TH ST.
WEST ALLIS, WI 53214

PHONE: (414) 302-4626

PAGE NO: 1

SOLD
KELLY JOHNSTON
TO: 6521 S. 116TH ST

CUSTOMER: *77810
TERMS: CASH/CHECK/BANKCARD
JOB: 000

DATE / TIME: 8/11/13
CLERK: BSTE
TERMINAL: 23
1:18

FRANKLIN WI 53132

414-427-2938 REFERENCE: KS/O SUPREME REG

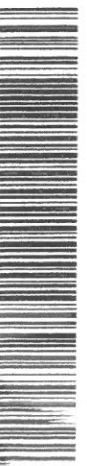
SHIP
KELLY JOHNSTON
TO: 6521 S. 116TH ST

FRANKLIN WI 53132

ORDER: 606951/M

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOSI	SPECIAL ORDER SUPREME INSTALLS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. PRE MEASURE FOR KITCEHN. IF CUSTOEMR BUYS CABINETS FOR \$ 4000.00 OR MORE AND OR INSTALLTION CREDIT WILL BE ISSUED FOR THIS MEASURE IN FULL KELLY JOHNSTON 6521 S. 116TH ST FRANKLIN, WI 53132 414-427-2938		185.00	/EA	185.00
							N

CONTINUED...



1. The first step in the process of identifying a problem is to recognize that a problem exists. This involves gathering information about the situation and identifying the specific issue that needs to be addressed.

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):

<i>Creditor:</i> (27221541) KELLY JOHNSTON 6521 S 116TH ST FRANKLIN, WI 53132	Claim No: 74 <i>Original Filed</i> <i>Date:</i> 01/28/2019 <i>Original Entered</i> <i>Date:</i> 01/28/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Kevin Lyons <i>Modified:</i>
Amount claimed: \$7423.55		

History:

[Details](#) [74-1](#) 01/28/2019 Claim #74 filed by KELLY JOHNSTON, Amount claimed: \$7423.55 (Lyons, Kevin)

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*	\$7423.55
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		