

Fill in this information to identify the case:Debtor 1 KLS Acquisition Corp.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court Northern District of IllinoisCase number: 18-30052

FILED

U.S. Bankruptcy Court
Northern District of Illinois

1/28/2019

Jeffrey P. Allsteadt, Clerk

**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?	<u>Robin T. Laabs</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Robin T. Laabs</u> Name 1000 S 108th Street C17 West Allis, WI 53214 Contact phone <u>4143136131</u> Contact email <u>RTLdesigns78@yahoo.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

MM / DD / YYYY

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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____										
7. How much is the claim?	\$ <u>1205.60</u> <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>										
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 healthcare information. <u>unpaid vacation due</u>										
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Amount necessary to cure any default as of the date of the petition:</td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Annual Interest Rate (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	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)	_____ %
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)	_____ %										
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____										
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies	\$ _____
<small>* Amounts are subject to adjustment on 4/1/19 and every 3 years after that for cases begun on or after the date of adjustment.</small>		

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 1/28/2019
MM / DD / YYYY

/s/ Robin T. Laabs

Signature

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

Name	Robin T. Laabs
	<div style="display: flex; justify-content: space-between; font-size: small;"> First name Middle name Last name </div>
Title	
Company	
Address	<div style="font-size: small;">Identify the corporate servicer as the company if the authorized agent is a servicer</div> <div style="border-bottom: 1px solid black;">1000 S 108th Street C17</div> <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street </div> <div style="border-bottom: 1px solid black;">West Allis, WI 53214-2496</div> <div style="display: flex; justify-content: space-between; font-size: small;"> City State ZIP Code </div>
Contact phone	<div style="border-bottom: 1px solid black;">414-313-6131</div> <div style="display: flex; justify-content: space-between; font-size: small;"> Email RTLdesigns78@yahoo.com </div>



August 18, 2017

Robin Laabs
1905 N 2nd Dr #204
Stevens Point, WI 54482

Dear Robin:

The HOBObO team is excited to be opening a new store in the Chicago market this year. We are especially excited with all the changes to our kitchen offering and additions to our Kitchen Department. On behalf of HOBObO, I am pleased to offer you a full time position as a **K&B Design Specialist** at the West Allis HOBObO (**KLS Acquisition Corp**). This offer is contingent upon passing a criminal background check and drug test.

Your starting compensation will be **\$14.91** per hour plus commissions. To supplement your hourly rate over your first 6 months while you are establishing your customer base, sales and commissions, HOBObO will provide a bi-weekly commission guaranty of **\$634.12** (the annual equivalent of **\$47,500**). After you have successfully completed the training and evaluation period, you will be compensated at **\$14.91** per hour plus commissions earned under the attached sales and commission program which is expected to result in an annualized income of at least **\$50,253** with annual sales of **\$751,582** at 32% profit margin. This position is considered non-exempt for purposes of federal wage-hour law, which means that you will be eligible for overtime pay for hours worked in excess of 40 given work week (Sunday – Saturday). You will be eligible to receive the same benefits which are offered to all Full Time HOBObO employees. Please review the enclosed benefits summary. In addition, as a bonus you will also be given 32 sick hours and two weeks of vacation which can be used any time during your first year of employment. However, if you leave the Company before 90 days, you will be required to repay any vacation days which were paid out and you will not be eligible to be paid out any remaining awarded vacation.

This offer of employment, if not previously accepted by you, will expire 7 days from the date of this letter. If you wish to accept the offer, please sign in the place provided below and return it to me within the prescribed time. We will expect you to start as soon as possible after you have passed the post offer background check and drug screen at a time that is agreed upon by you and HOBObO. If you become unable to start by that date and/or time, please contact Michael Earl at 847-302-6189 to arrange a different date and/or time.

We look forward to your acceptance of this offer and confirmation of your start date! However, we recognize that you retain the option, as does the Company, of ending your employment with HOBObO at any time, with or without notice and with or without cause. As such, your employment with HOBObO is at-will and neither this letter nor any other oral or written representations may be considered a contract for any specific period of time.

Please contact me if you have any questions about starting with the Company.

Very truly yours,

A handwritten signature in black ink that reads "Michael J Earl". The signature is written in a cursive, flowing style.

Michael J Earl
Director of Human Resources

I agree to the terms of the employment set forth above.

Robin Laabs

Date

Laabs, Robin

From: Earl, Mike
Sent: Monday, October 08, 2018 2:35 PM
To: Cwik, Julie
Cc: Laabs, Robin
Subject: Fwd: Vacation days
Attachments: image001.png; image003.gif

Hi Julie,

Please update her record to reflect what is stated in her offer letter.

Mike

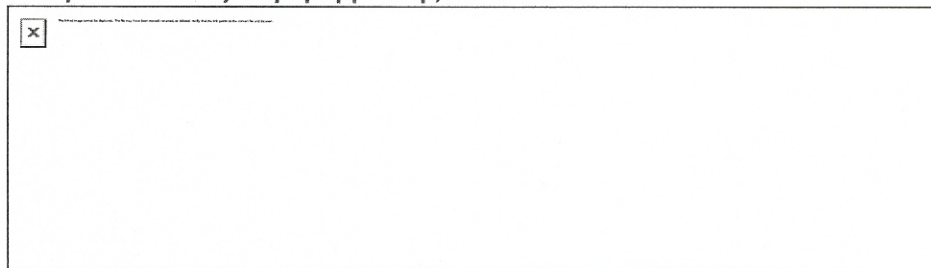
Sent from my iPhone

Begin forwarded message:

From: "Laabs, Robin" <rlaabs@hoboonline.com>
Date: October 8, 2018 at 2:28:02 PM CDT
To: "Earl, Mike" <mearl@hoboonline.com>
Subject: FW: Vacation days

Hey Mike,

When I was hired, I was given (I believe) 2 weeks and 4 days vacation.
This year when my days popped up, it shows much less.



Should I just shut up and take what I'm getting or is there a chance I should
Be getting more vacation days than this?
Might be kind of important as we move forward.
Thanks - Robin

From: Earl, Mike
Sent: Friday, October 05, 2018 5:05 PM
To: Slater, Greg <gslater@hoboonline.com>
Subject: RE: Vacation days

Hi Greg,

Until I hear back from the attorney's involved regarding our legal obligations, I've been instructed to follow company policy as written in the handbook. Policy indicates vacation is not allowed to be carried over to future years. Therefore if you leave the company, we will look at how many vacation days you

were awarded on your last anniversary date and deduct any days taken from your last anniversary date and pay out the remaining balance.

I am expecting to hear back sometime in the next week or two on our obligations under the law. Based upon my knowledge of Federal and Wisconsin wage law, we are obligated to follow our policy as written in the handbook so I'm fairly confident we will be applying final vacation payouts based upon what I stated in the paragraph above.

Michael J Earl, SPHR, SHRM-SCP

Director of Human Resources
Home Owners Bargain Outlet



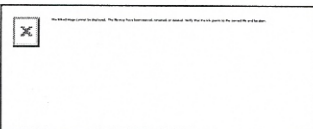
2650 Belvidere Road
Waukegan, IL 60085
PH: 847-263-1240 ext 12
FX: 847-263-9170

From: Slater, Greg
Sent: Friday, October 5, 2018 3:33 PM
To: Earl, Mike <mearl@hoboonline.com>
Subject: Vacation days

**Can you give any clarity on un-used vacation days
If and when we close or get sold?**

Thanks

Greg A Slater
West Allis, WI
414.302.4626
gslater@hoboonline.com



Home Owner's Bargain Outlet
www.hoboonline.com

See our cabinet lines at
www.haascabinet.com / www.kountrywood.com / www.kabinart.com

See our countertop lines at <http://usa.sensagranite.com> / www.silestoneusa.com

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: (27485199)
Robin T. Laabs
1000 S 108th Street C17
West Allis, WI 53214

Claim No: 79

Original Filed Date: 01/28/2019

Original Entered Date: 01/28/2019

Status:

Filed by: CR

Entered by: EPoc ADI

Modified:

Amount claimed: \$1205.60

History:

[Details](#) [79-1](#) 01/28/2019 Claim #79 filed by Robin T. Laabs, Amount claimed: \$1205.60 (ADI, EPoc)

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*	\$1205.60
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		