

*** Claim Filed online -**
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 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 MAR 18 2019

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

Case number 18-30052

Official Form 410
Proof of Claim

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA 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?
MELINA KRSTIC
 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)

<p>Where should notices to the creditor be sent?</p> <p><u>MELINA KRSTIC</u> Name <u>7013 E. WIND LAKE</u> Number Street <u>WIND LAKE WI 53185</u> City State ZIP Code Contact phone <u>414-628-3487</u> Contact email <u>MELINA.KRSTIC@GMAIL.COM</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
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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? \$ 995.00 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.
owed vacation time + unpaid medical

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:

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

\$ _____

\$ _____

\$ 760.00

\$ _____

\$ _____

\$ _____

* 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 02 07 2019
MM / DD / YYYY

Melina Marie Krstic
Signature

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

Name MELINA MARIE KRSTIC
First name Middle name Last name

Title Previous HR Coordinator

Company HOB0 - KLS ACQUISITION CORP.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7013 E WIND LAKE ROAD
Number Street

WIND LAKE WI 53185
City State ZIP Code

Contact phone 414-028-3487 Email melina.krstic@gmail.com

003311

Detail of New Activity

Thank you for choosing Aurora Health Care. We appreciate your prompt payment.

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
Patient Name: KRSTIC, JOSHUA		Provider: GERARD, MICHAEL		
10/30/18	168292981	Location: AURORA MEDICAL GROUP FRANKLIN CLINIC		
10/30/18	OFFICE/OUTPT VISIT	260.00		
01/17/19	Paradigm Health Plans Payments		0.00	
	Patient Balance			\$260.00
	New Activity Balance Due			\$260.00

Total Amount Owed to Aurora (As of this Statement) \$260.00



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Claim your MyAdvocateAurora account now (2-minute sign-up)

1. Go to myadvocateaurora.org/activate
2. Enter your activation code: **FRW5Q-BJQNJ (expires on: 2/20/2019)**
3. Follow the on-screen prompts to set up your free account.

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Vacation Balance

Store: 21

Name: Krstic, Melina

FT Employment Date: 12/1/2017

As you can imagine, I've been inundated with similar requests and I'm trying my best to explain it as I've been instructed. Hopefully this will clarify the insane way we will have to calculate this for each person:

Vacation Accruals. Despite the way the policy is written, Illinois law says we are accruing time. therefore:

- During your 1st year of employment you are accruing 0.09615 days of vacation per week. (5 days per year)
- During years 2-5 you are accruing 0.19231 days of vacation per week (10 days per year)
- During year 6 and on you are accruing 0.28846 days of vacation per week (15 days per year)

Bankruptcy law allows us to payout on your last check any time you accrued in the 180 days before we filed less any time you used during that 180 days (04/28/2018 to 10/25/2018). I apologize for the formats of the accruals and rounding issues, but this should give you a good idea of how your vacation payout is being calculated to comply with the bankruptcy orders.

Between 04/28/2018 and 10/25/2018 you:

Accrued **0.09615** vacation days per week for **31** weeks or **23.85** hours of vacation

Accrued **0.09615** vacation days per week for **0** week or **0** hours of vacation

Totaling **23.85** hours of vacation accrued over the 180 days prior to filing bankruptcy

Between 04/28/2018 and 10/25/2018 you used **40** hours of vacation.

23.85 vacation hours accrued – **40** vacation hours used = **0** vacation hours available for payout on your last paycheck. (If you used more than you accrued you are not eligible for cash payout of vacation time on our last check but it does mean you will need to file a bankruptcy claim for all your accrued vacation time)

From 10/25/2018 to present (11/16/2018) you are:

Accruing **0.09615** days of vacation per week for **0** weeks or **0** hours of vacation

Accruing **0.09615** days of vacation per week for **0** weeks or **2.310** hours of vacation

Totaling **2.310** hours of vacation since 10/25/2018

If you were to leave today your final paycheck would include **0** vacation hours plus **2.310** vacation hours or **2.31** total vacation hours plus **0** vacation hours guaranteed in an offer letter for a grand total of **2.31** vacation hours.

You are entitled to file a bankruptcy claim for any time accrued that we are not allowed to payout as described above. HR will provide a record to each employee after termination that shows how much you accrued that was not paid out so you can complete a claim in the bankruptcy.

$$\text{\$740} = 40 \text{ hours @ } \$19.00$$

$$+ \text{ unpaid medical bill} = \$240 (- \$25 \text{ copay})$$

$$= \text{\$235}$$

United States Bankruptcy Court
Northern District of Illinois

Jeffrey P. Allsteadt, Clerk of Court



MELINA KRSTIC
7613 E WIND LAKE
WIND LAKE, WI 53185

Date: 02/21/2019

Letter to Filer:

Case Number, if applicable:

18-30052

Case Name, if applicable:

INFORMATION

CREDIT BUREAU – The bankruptcy court does NOT perform any activities with the credit bureaus. You must contact the individual credit bureaus for their procedure for removing your bankruptcy filing from their credit report.

RETURN DOCUMENT(S) – REQUEST FOR ADDITIONAL INFORMATION

Case name/number does not match our records. Please verify case name/number.

Case name/number is missing. Please provide the case name/number. 18-30052

Case number is not listed on the document. Please provide the case number.

There are several debtors listed. Please provide the correct case number.

Proof of Claim – please fill out the attached Proof of Claim form and return to our office for processing. You may file a proof of claim electronically through the EPOC System on our website at: <http://www.ilnb.uscourts.gov/electronic-proof-claim-and-related-documents>. Or you may file a paper claim and return it to us. Obtain the proof of claim form from our website at <http://www.uscourts.gov/forms/bankruptcy-forms>.

OTHER/REMARKS:

PLEASE INCLUDE CASE NUMBER AND CASE NAME SO THAT CLAIM CAN BE PROCESS.

Case number – 18-30052
Debtor's name – KLS Acquisition Corp.
EIN – 36-4060925

IF APPLICABLE

Include the name of the debtor/joint debtor, the case number, the signature of the debtor/joint debtor on all required documents.

Include the signature of the attorney representing the debtor/joint debtor.

Mail the required document(s) listed above, including this Letter to my attention at:

Deputy Clerk KIMETHA COLLIER

Contact Number 312-697-7402

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: (27523055)
Melina Krstic
7613 E Wind Lake road
Wind Lake, WI 53185

Claim No: 93

Original Filed Date: 03/18/2019
Original Entered Date: 03/19/2019

Status:
Filed by: C
Entered b
Modified:

Amount claimed: \$995.00

Priority claimed: \$760.00

History:

[Details](#)

[93-1](#)

03/18/2019 Claim #93 filed by Melina Krstic, Amount claimed: \$995.00 (Rodarte, Aida)

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*	\$995.00
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	\$760.00	
Administrative		