

**Fill in this information to identify the case:**

|   |
|---|
| Debtor 1 <u>Loomis Enterprises LLC</u>                              |
| Debtor 2<br>(Spouse, if filing)                                     |
| United States Bankruptcy Court <u>Northern District of Illinois</u> |
| Case number: <u>18-30053</u>  |

FILED  
 U.S. Bankruptcy Court  
 Northern District of Illinois  
 11/29/2018  
 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**

|   |   |  |
|---|---|--|
| <b>1. Who is the current creditor?</b>  | <u>MIMOZA IKONOMI</u>   |  |
|   | Name of the current creditor (the person or entity to be paid for this claim)   |  |
|   | Other names the creditor used with the debtor _____   |  |
| <b>2. Has this claim been acquired from someone else?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. From whom? _____  |  |
| <b>3. Where should notices and payments to the creditor be sent?</b><br><br>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | <b>Where should notices to the creditor be sent?</b>  | <b>Where should payments to the creditor be sent? (if different)</b> |
|   | <u>MIMOZA IKONOMI</u>   | _____  |
|   | Name  | Name   |
|   | <u>2931 E SOMERS AVE<br/>CUDAHY, WI 53110</u>   | _____  |
|   | Contact phone <u>4142133251</u>   | Contact phone _____  |
|   | Contact email <u>EISMOLLI@HOTMAIL.COM</u>   | Contact email _____  |
|   | Uniform claim identifier for electronic payments in chapter 13 (if you use one):<br>_____   |  |
| <b>4. Does this claim amend one already filed?</b>  | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>6</u> Filed on <u>11/29/2018</u><br><span style="float: right;">MM / DD / YYYY</span> |  |
| <b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Who made the earlier filing? _____  |  |

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

|   |   |
|---|---|
| <p><b>6. Do you have any number you use to identify the debtor?</b></p> | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>  |
| <p><b>7. How much is the claim?</b></p>                                 | <p>\$ <u>341.08</u></p> <p><b>Does this amount include interest or other charges?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>   |
| <p><b>8. What is the basis of the claim?</b></p>                        | <p>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).<br/>                 Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>RETURNED ITEMS AND WAS ISSUED GIFT CARD WHICH NOW STORE DOESN'T ACCEPT</p>   |
| <p><b>9. Is all or part of the claim secured?</b></p>                   | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b><br/> <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>.<br/> <input type="checkbox"/> Motor vehicle<br/> <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed<br/> <input type="checkbox"/> Variable</p> |
| <p><b>10. Is this claim based on a lease?</b></p>                       | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>   |
| <p><b>11. Is this claim subject to a right of setoff?</b></p>           | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Identify the property: _____</p>   |

|   |   |                                    |
|---|---|------------------------------------|
| <b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. <i>Check all that apply.</i>  | <b>Amount entitled to priority</b> |
| 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  | \$ _____                           |
| * 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.          |   |                                    |

**Part 3: Sign Below**

|  |  |
|--|--|
| <p><b>The person completing this proof of claim must sign and date it. FRBP 9011(b).</b></p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p><b>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.</b></p> | <p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>11/29/2018</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ MIMOZA IKONOMI</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>MIMOZA IKONOMI</u></p> <p style="text-align: center; font-size: small;">First name Middle name Last name</p> <p>Title <u>CUSTOMER</u></p> <p>Company <u>NA</u></p> <p style="text-align: center; font-size: small;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address <u>2931 E SOMERS AVE</u></p> <p style="text-align: center; font-size: small;">Number Street</p> <p style="text-align: center; font-size: small;">CUDAHY, WI 53110</p> <p style="text-align: center; font-size: small;">City State ZIP Code</p> <p>Contact phone <u>4142133251</u> Email <u>EISMOLLI@HOTMAIL.COM</u></p> |
|--|--|

Please allow up to 7 business days for processing.

7777 0502 2407 2164

This card can be used for the purchase of merchandise and cannot be redeemed for cash. Lost or stolen cards will not be replaced. Gift cards are void if not activated by the cashier at the time of purchase. Gift cards are not refundable. Merchandise purchased with a gift card that is subsequently returned will be refunded in the form of another gift card.

7777 0502 2407 2223

This card can be used for the purchase of merchandise and cannot be redeemed for cash. Lost or stolen cards will not be replaced. Gift cards are void if not activated by the cashier at the time of purchase. Gift cards are not refundable. Merchandise purchased with a gift card that is subsequently returned will be refunded in the form of another gift card.

7777 0502 2405 0245

This card can be used for the purchase of merchandise and cannot be redeemed for cash. Lost or stolen cards will not be replaced. Gift cards are void if not activated by the cashier at the time of purchase. Gift cards are not refundable. Merchandise purchased with a gift card that is subsequently returned will be refunded in the form of another gift card.

3545  
MILWAUKEE, WI  
(414) 643-1226

09/03/17 2:52PM MQUE 145 GIFTCARD

\*\*\* ACTIVATE GIFT CARD \*\*\*

GIFT AMT: \$ 316.79

GIFTCARD#: XXXXXXXXXXXXX0245

MID: 324190890990

AUTH: 027785 AMT: \$ 316.79

Host reference #:332178 Bat#

SWIPED

CARD TYPE:GIFT

EXPR: XXXX

Gift card balance : 316.79



=>> JRNL#D32178/27

<<==

3545 SOUTH 27TH ST  
MILWAUKEE, WI 53221  
(414) 643-1226

12/05/17 11:37AM MARA

145 GIFT CARD

\*\*\*

ACTIVATE GIFT CARD

\*\*\*

GIFT AMT: \$ 23.21

GIFTCARD#: XXXXXXXXXXXXX2164

MID:

AUTH: 028865 AMT: \$ 23.21

Host reference #: 379666 Bat#

SWIPED

CARD TYPE: GIFT EXPR: XXXX

Gift card balance : 23.21



=>> JRNL#D79666/27

<<==

Customer Copy

THANK YOU FOR SHOPPING AT HOBO  
HOBO 27  
3545 SOUTH 27TH ST  
MILWAUKEE, WI 53221  
(414) 643-1226

12/05/17 1:31PM LJAR 145 GIFTCARD

\*\*\* ACTIVATE GIFT CARD \*\*\*

GIFT AMT: \$ 11.08

GIFTCARD#: XXXXXXXXXXXXX2223

MID:

AUTH: 028869 AMT: \$ 11.08

Host reference #:379736 Bat#

SWIPED

CARD TYPE:GIFT EXPR: XXXX

Gift card balance : 11.08



==>> JRNL#D79736/27

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Customer Copy

# Northern District of Illinois Claims Register

[18-30053 Loomis Enterprises LLC](#)

**Honorable Judge:** Jacqueline P. Cox      **Chapter:** 11  
**Office:** Chicago      **Last Date to file claims:**  
**Trustee:**      **Last Date to file (Govt):**

|   |   |   |
|---|---|---|
| <p><i>Creditor:</i> (27335458)<br/> MIMOZA IKONOMI<br/> 2931 E SOMERS AVE<br/> CUDAHY, WI 53110</p> | <p><b>Claim No: 6</b><br/> <i>Original Filed</i><br/> Date: 11/29/2018<br/> <i>Original Entered</i><br/> Date: 11/29/2018<br/> <i>Last Amendment</i><br/> Filed: 11/29/2018<br/> <i>Last Amendment</i><br/> Entered: 11/29/2018</p> | <p><i>Status:</i><br/> Filed by: CR<br/> Entered by: EPoc ADI<br/> Modified: 11/29/2018</p> |
|---|---|---|

Amount claimed: \$341.08

*History:*

- [Details 6-1](#) 11/29/2018 Claim #6 filed by MIMOZA IKONOMI, Amount claimed: \$341.08 (ADI, EPoc)
- [Details 6-2](#) 11/29/2018 Amended Claim #6 filed by MIMOZA IKONOMI, Amount claimed: \$341.08 (ADI, EPoc)

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Loomis Enterprises LLC  
**Case Number:** 18-30053  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

|                              |          |
|------------------------------|----------|
| <b>Total Amount Claimed*</b> | \$341.08 |
| <b>Total Amount Allowed*</b> |          |

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

|                       | Claimed | Allowed |
|-----------------------|---------|---------|
| <b>Secured</b>        |         |         |
| <b>Priority</b>       |         |         |
| <b>Administrative</b> |         |         |

**Fill in this information to identify the case:**

|   |
|---|
| Debtor 1 <u>Loomis Enterprises LLC</u>                              |
| Debtor 2<br>(Spouse, if filing)                                     |
| United States Bankruptcy Court <u>Northern District of Illinois</u> |
| Case number: <u>18-30053</u>  |

FILED  
 U.S. Bankruptcy Court  
 Northern District of Illinois  
 11/29/2018  
 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**

|   |  |  |
|---|--|--|
| <b>1. Who is the current creditor?</b>  | <u>MIMOZA IKONOMI</u>  |  |
|   | Name of the current creditor (the person or entity to be paid for this claim)  |  |
|   | Other names the creditor used with the debtor _____  |  |
| <b>2. Has this claim been acquired from someone else?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. From whom? _____   |  |
| <b>3. Where should notices and payments to the creditor be sent?</b><br><br>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | <b>Where should notices to the creditor be sent?</b>   | <b>Where should payments to the creditor be sent? (if different)</b> |
|   | <u>MIMOZA IKONOMI</u>  | _____  |
|   | Name   | Name   |
|   | <u>2931 E SOMERS AVE<br/>CUDAHY, WI 53110</u>  | _____  |
|   | Contact phone <u>4142133251</u>  | Contact phone _____  |
|   | Contact email <u>EISMOLLI@HOTMAIL.COM</u>  | Contact email _____  |
|   | Uniform claim identifier for electronic payments in chapter 13 (if you use one):<br>_____  |  |
| <b>4. Does this claim amend one already filed?</b>  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____<br><span style="float: right;">MM / DD / YYYY</span> |  |
| <b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Who made the earlier filing? _____   |  |

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

|   |   |
|---|---|
| <p><b>6. Do you have any number you use to identify the debtor?</b></p> | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>  |
| <p><b>7. How much is the claim?</b></p>                                 | <p>\$ <u>341.08</u></p> <p><b>Does this amount include interest or other charges?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>   |
| <p><b>8. What is the basis of the claim?</b></p>                        | <p>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).<br/>                 Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>RETUREND ITEMS AND WAS ISSUED GIFT CARD VS CASH WHICH I HAD PAID ORIGINALLY, NOW THEY DON'T ACCEPT THE GIFT CARD</p>   |
| <p><b>9. Is all or part of the claim secured?</b></p>                   | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b><br/> <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>.<br/> <input type="checkbox"/> Motor vehicle<br/> <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed<br/> <input type="checkbox"/> Variable</p> |
| <p><b>10. Is this claim based on a lease?</b></p>                       | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>   |
| <p><b>11. Is this claim subject to a right of setoff?</b></p>           | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Identify the property: _____</p>   |

|   |   |                                    |
|---|---|------------------------------------|
| <b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. <i>Check all that apply.</i>  | <b>Amount entitled to priority</b> |
| 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  | \$ _____                           |
| * 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.          |   |                                    |

**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 11/29/2018  
MM / DD / YYYY

/s/ MIMOZA IKONOMI

Signature

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

Name MIMOZA IKONOMI

First name Middle name Last name

Title CUSTOMER

Company N/A

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

Address 2931 E SOMERS AVE

Number Street

CUDAHY, WI 53110

City State ZIP Code

Contact phone 414-213-3251 Email EISMOLLI@HOTMAIL.COM

# Northern District of Illinois Claims Register

[18-30053 Loomis Enterprises LLC](#)

**Honorable Judge:** Jacqueline P. Cox      **Chapter:** 11  
**Office:** Chicago      **Last Date to file claims:**  
**Trustee:**      **Last Date to file (Govt):**

|   |   |   |
|---|---|---|
| <p><i>Creditor:</i> (27335458)<br/> MIMOZA IKONOMI<br/> 2931 E SOMERS AVE<br/> CUDAHY, WI 53110</p> | <p><b>Claim No: 6</b><br/> <i>Original Filed</i><br/> Date: 11/29/2018<br/> <i>Original Entered</i><br/> Date: 11/29/2018<br/> <i>Last Amendment</i><br/> Filed: 11/29/2018<br/> <i>Last Amendment</i><br/> Entered: 11/29/2018</p> | <p><i>Status:</i><br/> Filed by: CR<br/> Entered by: EPoc ADI<br/> Modified: 11/29/2018</p> |
|---|---|---|

Amount claimed: \$341.08

*History:*

- [Details 6-1](#) 11/29/2018 Claim #6 filed by MIMOZA IKONOMI, Amount claimed: \$341.08 (ADI, EPoc)
- [Details 6-2](#) 11/29/2018 Amended Claim #6 filed by MIMOZA IKONOMI, Amount claimed: \$341.08 (ADI, EPoc)

*Description:*  
*Remarks:*

## Claims Register Summary

**Case Name:** Loomis Enterprises LLC  
**Case Number:** 18-30053  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

|                              |          |
|------------------------------|----------|
| <b>Total Amount Claimed*</b> | \$341.08 |
| <b>Total Amount Allowed*</b> |          |

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

|                       | Claimed | Allowed |
|-----------------------|---------|---------|
| <b>Secured</b>        |         |         |
| <b>Priority</b>       |         |         |
| <b>Administrative</b> |         |         |