Fill in this information to identify the case:

Debtor 1   Loomis Enterprises LLC

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number   18-30053

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN 17 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?

Helen King
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?

Helen King
Name

17114 Kimbark Ave
Number   Street

South Holland IL. 60473
City   State   ZIP Code

Contact phone   708-596-2620

Contact email   OnHIGH1 @ aol.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   10 / 25 / 2018
          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?** $ _250.23_ . **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.

deposit for Countertop not received

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)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☑ Yes. *Check one:*

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).

$ 250.23

☐ 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   01/14/2019
                   MM / DD / YYYY

Signature   *Helen King*

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

Name   Helen   Leverne   King
       First name   Middle name   Last name

Title   _____

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

Address   17114   Kimbark Ave
          Number   Street
          South Holland   IL   60473
          City   State   ZIP Code

Contact phone   708-596-2620   Email   onHIGH I @ aol.com

HOBO 25
8716 S CICERO
OAK LAWN, IL

PHONE: (708) 423-4656

PAGE NO: 1

SOLD TO: CHARLIE KING
17114 KIMBARK AVE

SOUTH HOLLAND   IL   60473

SHIP TO: KING/HELEN

708-596-2620   REFERENCE: K * CF FROST WHITE 3CM CP1

CUSTOMER: 137   JOB: 000   DATE / TIME: 10/11/18   1:55
TERMS: CASH/CHECK/BANKCARD   CLERK: LGER
TERMINAL: 108

SPEC ORDER: 305162/R

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE /PER	EXTENSION
1	EA	SOTCF	SPECIAL ORDER COUNTERTOP FACTORY		3669.00 /EA	3,669.00
			FROST WHITE 3CM			
			FREE SINK PROMO EQUAL BOWL			
			#3118			
			BEVEL EDGE			
			REMOVAL OF EXISTING CTOP AND			
			HAUL AWAY			
			RECONNECTION OF PLUMBING			
			CHARLIE KING			
			17114 KIMBARK AVE SOUTH HOLLAND			
			IL 60473			
			708-596-2620			
			DESIGNER CATHIE			

CHECK PAYMENT
CK# 5759   250.23

TAXABLE		3669.00
NON-TAXABLE		0.00
SUB-TOTAL		3669.00
TAX AMOUNT		357.73
TOTAL		**4026.73**

PRIOR DEPOSIT
DEPOSIT AMT   250.23
BALANCE DUE   0.00

Paid by US Bank VISA

Paid by US Bank Visa $3726.50

X [signature]
X [signature]
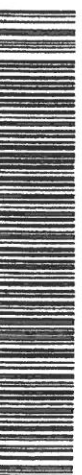
Northern District of Illinois
Claims Register

18-30053 Loomis Enterprises LLC

Honorable Judge: Jacqueline P. Cox   **Chapter:** 11

Office: Eastern Division   **Last Date to file claims:**

Trustee: **Last Date to file (Govt):**

Creditor: (27456648) HELEN KING 17114 KIMBARK AVE SOUTH HOLLAND, IL 60473	**Claim No: 20** *Original Filed Date*: 01/17/2019 *Original Entered Date*: 01/17/2019	*Status:* *Filed by:* CR *Entered by:* Kimetha Collier *Modified:*

Amount claimed: $250.23

Priority claimed: $250.23

History:

Details   20-1   01/17/2019 Claim #20 filed by HELEN KING, Amount claimed: $250.23 (Collier, Kimetha)

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

Total Amount Claimed*	$250.23
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	$250.23	
Administrative		