Case 18-30053 Claim 29-1 Filed 01/23/19 Desc Main Document Page 1 of 12

Fill in this in	formation to identify the case:
Debtor 1	Loomis Enterprises LLC
Debtor 2 (Spouse, if filing)	
United States I	Bankruptcy Court for the: Northern District of Illinois - Eastern Div
Case number	18-30053

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

JAN 23 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 C	laim
1.	Who is the current creditor?	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? Where should payments to the creditor be sent? (if different) Name 1230 St. Charles St. Number Street City State ZIP Code Contact phone S47.289-9955 Contact phone Contact email CSCI ZCOI C Starylchal. Net 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
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?

P	art 2: Give Informatio	n 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?	\$ 94,590.05 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).
3.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	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.
<u> </u>	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 <i>Mortgage Proof</i> 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
11). Is this claim based on a	₩
10	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
1	1. Is this claim subject to a	V⊅ No
	right of setoff?	Yes. Identify the property:
		Tes. Identity the property.

12. Is all or part of the clair entitled to priority unde	er /						
11 U.S.C. § 507(a)?	Yes. Che	eck one:	Amount entitled to priority				
A claim may be partly priority and partly	110.	Domestic support obligations (including alumony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).					
nonpriority. For example, in some categories, the law limits the amount	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).						
entitled to priority.	☐ Wage bankr	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.					
		or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$				
		butions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$				
		Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$				
		are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or aft	er the date of adjustment.				
Part 3: Sign Below							
The person completing this proof of claim must	Check the appr	opriate box:					
sign and date it.	I am the cr	editor.					
FRBP 9011(b).		editor's attorney or authorized agent.					
If you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
electronically, FRBP 5005(a)(2) authorizes courts	☐ Iamagua	rantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
to establish local rules		santor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
specifying what a signature	Lundorstand the						
is.	amount of the c	at an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment t aim, the creditor gave the debtor credit for any payments received toward the de	hat when calculating the				
A person who files a		ann, the dediction gave the debtor credit for any payments received toward the de	bt.				
fraudulent claim could be fined up to \$500,000,	I have examined	the information in this Proof of Claim and have a reasonable belief that the information	mation is true				
imprisoned for up to 5	and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the foregoing is true and correct.					
3571.							
	Executed on dat	e 10 - 25 - 2018 MM / DD / YYYY					
	_						
	Signature						
	Print the name	of the person who is completing and signing this claim:					
	Name	Heshou Lang First name Middle name Last name					
	Title	- Owner					
	Company	Identify the corporate servicer as the company if the authorized agent is a servicer.					
	Address	1230 Saint Charles Street					
•	ridui 655	Number Street					
		Elgin IL 6012	9				
		Oldic ZIP CODE					
(Contact phone	847-289-9955 Email (Sci 200	@Sbcglobal.net				

Statement of HOBO Sales from CHICAGO STOOL AND CHAIR 2018

		0 110111	011107100	STOOL AND CHAIR 2018			
our Invoice#	Order Date	Shipping	Amount	Past Due	Due Date	Paid on	check#
18-0001	12/28/2017	1/15/2018	\$12,127.85		2/15/2018	3/2/2018	45792
18-0017	2/15/2018	3/7/2018	\$11,450.20		4/7/2018		46071
18-0017A	2/15/2018	3/8/2017	\$9,800.00		4/8/2018		46071
					0.50.50.000.000		
18-0027	3/20/2018	4/6/2018	\$16,292.40		5/6/2018	6/11/2018	46286
18-0027A	3/20/2018	4/9/2018	\$10,676.25				46286
					9.4.7.4.7.9.7.7.7.2		
18-0036	5/3/2018	5/14/2018	\$13,655.75		6/14/2018	7/16/2018	456506
18-0036A	5/3/2018	5/18/2018	\$13,135.00				46722
18-0036B	5/3/2018	5/24/2018	\$11,521.80		6/24/2018		46722
					100 · 1 · 100 · 10		
our Invoice#	Order Date	Shipping	Amount		Due Date		
				ī.			
18-0046	6/27/2018	7/11/2018	\$9,988.70	x	8/11/2018	UNPAID	
18-0046A		7/16/2018	\$4,283.85	×			
18-0050	7/17/2018	8/9/2018	\$13.250.90	×	9/9/2018	IINPAID	
		100 TO 10 TO 100 TO 100 TO 100		-	3/3/2010	OIII AID	
18-0051	8/14/2018	8/24/2018	\$21,739.50	×	9/24/2018	UNPAID	
	-,, 2010			×			
18-0051A	8/14/2018	8/28/2018				LINIDAID	
18-0051A 18-0051B	8/14/2018 8/14/2018	8/28/2018	\$21,583.05		9/28/2018	UNPAID	
18-0051A 18-0051B 18-0051C	8/14/2018 8/14/2018 8/14/2018	8/28/2018 9/17/2018 9/24/2018	\$9,471.00 \$4,272.05	x x	10/17/2018 10/17/2018 10/24/2018	UNPAID UNPAID UNPAID	
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\$84,589.05

^{****}Balance due on unpaid invoice****

1230 St. Charles Street Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911

To: HOBO Belvidere Road Waukegan, IL60085

INVOICE NO: 18-0046 DATE: July 11, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
	N000021503	July 11, 2018	Cycle Logistics	FOB Elgin	Net 30 days

TOTAL	DESCRIPTION	PRICE	EXTENSION
80	29" Black Saddle Stool / 1044460 pallet 1-4 of 29	21.75	1740.00
60	24' Black Saddie Stool / 1044461 pallet 5-7 of 29	21.25	1275.00
40	29" Dark Oak Saddle Stool / 1161923 pallet 8-9 of 29	21.75	870.00
80	24" Dark Oak Saddle Stool / 1161924 pallet 10-13 of 29	21.25	1700.00
55	24" Clark / 1179997 pallet 15-17 of 29 (2 x 20 pcs and 1 x 15 pcs)	26.50	1457.50
28	29" Clark / 1179998 pallet 18-19 of 29 (1 x 20 pcs and 1 x 8pcs)	27.50	770.00
12	24" Gavin / 1205619 pallet 23 of 29	33.95	407.40
48	29" Gavin / 1219136 pallet 24-27 of 29 (12pcs per pallet)	36.85	1768.80
	**1st shipment of po#N21503 (23 pallets of 29 total) **Total 403 stools	1	
a Lis Belleville	Packed on 23 pailets		
-			
			\$9988.70

Make all checks payable to: CHICAGO STOOL & CHAIR INC.
If you have any questions concerning this invoice, call at (847)289-9955
THANK YOU FOR YOUR BUSINESS!

response telephone number und Mem orandum	. ("Provide 11	Wichie S	Shipper	No		
[O: / No. 11.		(Name of Carrier)	413716	Carrier	No		
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1230 St. Charles Street Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911

To: HOBO

Belvidere Road Waukegan, IL60085 INVOICE NO: 18-0046A DATE: July 16, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
	N000021503	July 16, 2018	Ecno Logistics	FOB Elgin	Net 30 days

TOTAL	DESCRIPTION	PRICE	EXTENSION
23	5 Tier Ladder shelf / Black / 1178240 pallet 14 of 29	27.50	632.50
30	Kitchen Trolley Cart Black / 1195333 pallet 20-22 of 29	52.75	
23	Loyd Console Table / 1237793 pallet 28-29 of 29 (1 x 12pcs and 1 x 11pcs)	89.95	1582.50 2068.85
	**2nd shipment of po#N21503 (6 pallets of 29 total) Total 23 5 tier ladders Total 30 kitchen carts Total 23 loyd tables Packed on 6 pallets		
		-	\$4283.85
ake all checks			

Make all checks payable to: CHICAGO STOOL & CHAIR INC. If you have any questions concerning this invoice, call at (847)289-9955 THANK YOU FOR YOUR BUSINESS!

BILL OF LADING	BOL Number: 32527916
SHIP FROM	Carrier: Monroe Transportation Service, Inc.
Name: Chicago Stool & Chair inc.	Pro #
Address 1: 1230 Saint Charles St	
Address 2:	TRL#
Address 3:	
City/State/Zip: ELGIN, IL, 60120	Pick WT PCS SDAY 31778401
Kathy P: (847) 289-9955 Ext. F:	1) CIT
Stop Notes:	
SHIP TO	REFERENCE INFORMATION
Name: HOBO Distribution	Reference Name Value
Address 1: 7557 S 78th Ave	Load BOL # N21503A
Address 2:	Load PO# N21503A
Address 3:	
City/State/Zip: BRIDGEVIEW, IL, 60455	
Barb P: 708-924-9155 Ext.17 F:	AlloA
Stop Notes:	18-00-16A
THIRD PARTY FREIGHT CHARGES BILL TO	
Echo Global Logistics	
600 W Chicago Ave Ste 725	
Chicago, IL 60654	
Freight Charge Terms: Carrier Acct #	
Odifici Acci #.	
Prepaid X Collect 3rd Party X Quote ID:	
Special Instructions:	Shipper Instructions Consignee Instructions
Call Jessica @ Echo with ?s 847.213.2539	
DO NOT STACK *No addntl services approved*	Loc Type: Business Delivery #: N21503A Loc Type: Business
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ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.	
LTL or Partial Only:	
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HANDLING LINIT PACKAGE	ORMATION
OTY TYPE OTY TYPE	COMMODITY DESCRIPTION LTL Only
6 Pallets 0 3800	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as t
6 3800	Stools/chairs 083445- 70
	GRAND TOTAL
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of	000.4
ne property as follows: "The agreed or declared value of the property is specifically in writing the agreed or declared value of acceding	COD Amount: \$ Fee Terms: Collect: Prepaid:
IOTE Liability Limitation for Local College	Customer short
OTE Liability Limitation for loss or damage in this shipment may be applicated	ble. See 49 U.S.C. M 14706(c)(1)(A) and (B).
ECEIVED, subject to individually determined rates or contacts that have been agreed upon in writing between the carrier ad snipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are variable to the shipper, on request, and to all applicable state and (ederal regulations.	he carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Section 7)
ended in the state and lederal regulations.	
HIPPER SIGNATURE / DATE Trailer Loaded: Freight Count	Shipper Signature
is is to certify that the above-named materials are properly issified, described, packaged, marked, and labeled and are in proper indition for transportation according to the applicable regulations of the proper indices of the property of	Carrier acknowledges receipt of packages and required placards. Carrier
Department of Transportation according to the applicable regulations of Department of Transportation	certifies emergency response information was made available and/or carner has the Department of Transportation/betypency response guidebox or equivalent decurrentation in the vehicle.
Date: 110-18 By Driver	Pieces Carrier Land Date:
	1617-16-18

1230 St. Charles Street Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911



To: HOBO Belvidere Road Waukegan, IL60085

INVOICE NO: 18-0050 DATE: August 9, 2018

SALESPERSON	P.O. NUMBER	DATE CUIDAED	CHARLES OF THE PARTY OF THE PAR		
		DATE SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
	N000021646	August 9 , 2018	Cycle Logistics	FOB Elgin	Net 30 days

	TOTAL			
	60	DESCRIPTION	PRICE	EXTENSION
	100	29" Black Saddle Stool / 1044460 pallet 1-3 of 25	21.75	1305.00
		24' Black Saddle Stool / 1044461 pallet 4-8 of 25	21.25	2125.00
		24" Dark Oak Saddle Stool / 1161923 pallet 9-10 of 25 5 Tier Ladder Black / 1178240 pallet 11 of 25	21.25	850.00
		Kitchen Trolley Cart Black / 1105333 mall 110 12	27.50	770.00
	60	24" Gavin / 1205619 pallet 14-17 of 25	52.75	1266.00
	84	29" Gavin / 1219136 pallet 18-23 of 25	33.95 36.85	2037.00 3095.40
		Market Island Cart / 1237645 pallet 24 of 25		540.00
		Decorator Stand Espresso / 1237786 pallet 25 of 25 **(with white) Decorator Stand White / 1237790 pallet 25 of 25 **(with espresso)	12.50	950.00
		(with espresso)	12.50	312.50
		Total 344 stools Total 28-5 Tier Ladders Total 24 Kitchen Carts		
		Total 6 Market Islands Total 101 Decorator Stands		
1	1	Packed on 25 pallets		
	14 (3.1		_	
Мa	ake all che	ecks payable to: CHICAGO STOOL & GUARA	-	\$13250.90

Make all checks payable to: CHICAGO STOOL & CHAIR INC. If you have any questions concerning this invoice, call at (847)289-9955 THANK YOU FOR YOUR BUSINESS!

To: Shippers of hazardous materials must enter 24-hour emergency Plant Shipper No. Bill of Lading No. Shipper No.	NTA.
Shipper M	-caso
(No.	
Consignee FROM: Carrier No.	
Street Shipper Mi Car Land	1
Destination Street Zip Code	air, lac
Vehicle No.	
Shipping +HM Kind of Packaging, Description of Agricus Company SCAC Emergency Response	
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Chicago Stool & Chair Inc. 1230 St. Charles Street

Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911



To: HOBOBelvidere Road
Waukegan, IL60085

INVOICE NO: 18-0051 DATE: August 24, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
	N000021886	August 24 , 2018	Cycle Logistics	FOB Elgin	Net 30 days

TOTAL	DESCRIPTION	7	
81		PRICE	EXTENSION
	Framhouse Rustic Console/1247230 pallet 1-7 (6pallets 12 pcs, 1 pallet 9 pcs)	68.50	5548.50
180	Rustic Kitchen Cart/1247232 pallet 8-19** (11 pallets 16pcs,1 pallet4pc and 12 stools)	57.50	10350.00
120	5 Tier Ledger Bookcase/1219137 pallet 20-23		9
27	Ripley 24" / 29" Adjustable/1205616 pallet 24	44.50	5340.00
12		15.00	405.00
	24" Natural Stool/1053652 **pallet 19 (with rustic kitchen cart)	8.00	96.00
	** SHIPMENT #1 **		
	Total 81 Farmhouse Total 180 Rustic Carts		
	Total 39 Stools Total 120 5 tier Ledger		
	Packed on 24 pallets		
1			
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Make all checks payable to: CHICAGO STOOL & CHAIR INC. If you have any questions concerning this invoice, call at (847)289-9955 THANK YOU FOR YOUR BUSINESS!

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1230 St. Charles Street Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911



To: HOBOBelvidere Road
Waukegan, IL60085

INVOICE NO: 18-0051A DATE: August 24, 2018

A R R R R POR POR POR	CARL STREET, S		
SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
28 , 2018	Cycle Logistics	FOB Elgin	Net 30 days
			, ob Light

TOTAL	DESCRIPTION		
144	Mission Coat Rack Walnut / 1247231 pallet 25-28	PRICE	EXTENSION
57	24/29" Ripley Stool / 1205616 pallet 29-30 (3pcs on pallet #46 with market island)	64.50	9288.00
96	24" Natural Stool / 1053652 pallet 31-32	15.00	855.00
60		8.00	768.00
41	29" Dark Oak Stool / 1161923 pallet 33-35	21.75	1305.00
	5 Tier Ladder Shelf Black / 1178240 pallet 36-37(#36 26pcs, #37 15pcs + 2pc Loyd)	27.50	1127.50
44	Kitchen Carts Black / 1195333 pallet 38-40 (#38 and #39 15pc , #40 14pc)	52.75	2321.00
45	24" Gavin Stool / 1205619 pallet 41-43	33.95	1527.75
28	29" Gavin Stool / 1219136 pallet 44-45	36.85	1031.80
9	Market Island Cart / 1237645 pallet 46 (+3 24/29" ripley)	90.00	810.00
36	Decorator Stand Espresso/1237786 pallet 47	12.50	450.00
24	Decorator Stand White1237790 pallet 47		
1 1	Loyd Console Table w/ Baskets / 1237793 pallet 48 (18 pcs, 2 with 5 tier ladder)		300.00
	SHIPMENT #2	89.95	1799.00
	Total 144 Coat Racks Total 286 Stools Total 20 Loyd Console table		
	Total 41-5 tier Black Total 53 Kitchen Carts Total 60 Plant Stands		
	Packed on 24 pallets		
			\$21583.05
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If you have any questions concerning this invoice, call at (847)289-9955
THANK YOU FOR YOUR BUSINESS!

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) to N () 1230 St. Charles Street Elgin, IL 60120° Tel: (847)289-9955 Fax: (847)289-9911



To: HOBO Belvidere Road

Belvidere Road Waukegan, IL60085 INVOICE NO: 18-0051B DATE: Sept 17, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
	N000021886	Sept 17, 2018	Cycle Logistics	FOB Elgin	Net 30 days

TOTAL	DESCRIPTION	PRICE	EXTENSION
216	24/29" Ripley / 1205616 pallet 49-56	15.00	3240.00
40	29" Black Saddle Stools / 1044460 pallet 57-58	21.75	870.00
100	24" Black Saddle Stools / 1044461 pallet 59-63	21.25	2125.00
192	24" Natural / 1053652 pallet 64-67	8.00	1536.00
80	24" Dark Oak Saddle Stools / 1161924 pallet 68-71	21.25	1700.00
	SHIPMENT #3		
	Total 628 Stools		
		. *	
	Packed on 23 pallets		
			\$9471.00

Make all checks payable to: CHICAGO STOOL & CHAIR INC.
If you have any questions concerning this invoice, call at (847)289-9955
THANK YOU FOR YOUR BUSINESS!

emorandum	mergency Response Phone Num	LOGI	9 of 11			8.5	No		
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1230 St. Charles Street Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911 INVOICE

To: HOBOBelvidere Road
Waukegan, IL60085

INVOICE NO: 18-0051C DATE: Sept 24, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
	N000021886	Sept 24, 2018	Cycle Logistics	FOB Elgin	Net 30 days

TOTAL	DESCRIPTION	PRICE	EXTENSION
39	24" Gavin / 1205619 pallet 72-74 (2 pallets 15pcs, 1 pallet 9pcs)	33.95	1324.05
80	29" Gavin / 1219136 pallet 75-80 (5 pallets 14pcs, 1 pallet 10pcs)	36.85	2948.00
	4 th and final shipment		*
	Total 119 Stools		
	Packed on 9 pallets		
	k-19 age		
. 1	1		
			\$4272.05
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Make all checks payable to: CHICAGO STOOL & CHAIR INC.
If you have any questions concerning this invoice, call at (847)289-9955
THANK YOU FOR YOUR BUSINESS!

ers of hazardous materials must en dephone number under "Emergency For andum	LACLE	Courst	//19/ UDesc D	Shipper	No	-Bage IC
d: Consignee	(Name of	FROM:	711	Carrier	No	
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Route:	Vehicle No.	Origin	SCAC	Zip C	rgency Respon	se se
SNO. Shipping HM Kind of Packaging, Description Special Marks and Except	of Articles Commodities requiring special stowing must be so marked as ordinary care. See Section 2(a)			Weight (Subject to Correction)*	ne Number Rate or Cla	SS CHARGES
	Total 119	Stools				
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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: (27224374) Claim No: 29 Status: CHICAGO STOOL & CHAIR Original Filed Filed by: CR

1230 ST CHARLES STREET Date: 01/23/2019 Entered by: Kimetha Collier

Elgin, IL 60120-0000 Original Entered Modified:

Date: 01/23/2019

Amount claimed: \$84589.05

History:

Details 29-1 01/23/2019 Claim #29 filed by CHICAGO STOOL & CHAIR, Amount claimed: \$84589.05

(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*	\$84589.05
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		