

<b>Fill in this information to identify the case:</b>	
Debtor 1	North Avenue Associates LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	Northern District of Illinois
Case number:	18-30054

FILED  
 U.S. Bankruptcy Court  
 Northern District of Illinois  
 11/20/2018  
 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>	Riztex USA Inc Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor      Rizzy Home	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  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>
	Riztex USA Inc  Name 900 Marine Dr 900 Marine Dr  Calhoun, GA 30701  Contact phone      7066028857  Contact email doug.barta@rizzyhome.com  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____  Name     Contact phone _____  Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <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 <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 type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>	<p>1633</p>
<p><b>7. How much is the claim?</b></p>	<p>\$ 645.00</p>	<p><b>Does this amount include interest or other charges?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><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). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;">Goods sold</p>	
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b></p> <p><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>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><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</p> <p><input type="checkbox"/> Variable</p>	
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><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</p> <p><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 <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 type="checkbox"/> I am the creditor.</p> <p><input checked="" 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>11/20/2018</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Doug Barta</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Doug Barta</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title <u>Gen Mgr</u></p> <p>Company <u>Riztex USA Inc</u></p> <p style="text-align: center;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address <u>900 Marine Dr</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Calhoun, GA 30701</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>7066028857</u> Email <u>doug.barta@rizzlyhome.com</u></p>
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A Division of Riztex (USA) Inc.  
 900 Marine Dr  
 Calhoun, GA. 30701 USA  
 TEL : 706-602-8857 FAX : 706-602-3970 Toll Free : 877-499-7847  
 Email : tim.cote@rizzlyhome.com Website : www.rizzlyhome.com  
 EIN: 03-0601604

Sales Invoice	
No.	4193813
Date	09/05/2018
Due Date	10/05/2018

Sales Rep: ABCD01  
 Order #: 2674260  
 Order Date: 8/16/2018  
 Tracking #: LEMA

Reprint

<b>Billing Address:</b> 000000	<b>Shipping Address:</b> MISC
HOBO (Home Owners Bargain Outlet) ATTN: Accounts Payable 2650 Belvedere Road Waukegan, IL 60085 847-263-1240	HOBO 26 300 W NORTH AVE  VILLA PARK, IL 60181 630-833-3200

Customer	Customer PO	Vendor #	BOL #	Ship Via	Payment Terms	Total Qty
001633	S000018694		164126	CPU	NET 30	31
<b>Remarks</b>					<b>Price Level: M</b>	
DUE BY 8/24						

Line	Rug ID	Stock No	Collection	Designs	Size	Qty	Unit/SQFT Price	Ext Price
Type	Cust Item Code	Area			Side Mark			
1	MGTMG491600067110		MILLINGTON	MG-4916	7'-10" X 10'-10"	1	30.00	30.00
2	MGTMG4780RU007110		MILLINGTON	MG-4780	7'-10" X 10'-10"	1	30.00	30.00
3	MGTMG4904GL005377		MILLINGTON	MG-4904	5'-3" X 7'-7"	1	15.00	15.00
4	MGTMG477000065377		MILLINGTON	MG-4770	5'-3" X 7'-7"	2	15.00	30.00
5	MGTMG477000067110		MILLINGTON	MG-4770	7'-10" X 10'-10"	1	30.00	30.00
6	CGCCG485300067110		CARRINGTON CROSS	CG-4853	7'-10" X 10'-10"	1	30.00	30.00
7	CGCCG480200375377		CARRINGTON CROSS	CG-4802	5'-3" X 7'-7"	1	15.00	15.00
8	CGCCG480100065377		CARRINGTON CROSS	CG-4801	5'-3" X 7'-7"	2	15.00	30.00
9	CGCCG480100067110		CARRINGTON CROSS	CG-4801	7'-10" X 10'-10"	1	30.00	30.00
10	CGCCG480300065377		CARRINGTON CROSS	CG-4803	5'-3" X 7'-7"	2	15.00	30.00
11	CGCCG480300067110		CARRINGTON CROSS	CG-4803	7'-10" X 10'-10"	1	30.00	30.00
12	CGCCG482900067110		CARRINGTON CROSS	CG-4829	7'-10" X 10'-10"	1	30.00	30.00
13	CGCCG483200045377		CARRINGTON CROSS	CG-4832	5'-3" X 7'-7"	2	15.00	30.00
14	CGCCG483200047110		CARRINGTON CROSS	CG-4832	7'-10" X 10'-10"	1	30.00	30.00
15	MGTMG479000375377		MILLINGTON	MG-4790	5'-3" X 7'-7"	2	15.00	30.00
16	MGTMG479900375377		MILLINGTON	MG-4799	5'-3" X 7'-7"	2	15.00	30.00
17	MGTMG479900377110		MILLINGTON	MG-4799	7'-10" X 10'-10"	1	30.00	30.00
18	MGTMG486800337110		MILLINGTON	MG-4868	7'-10" X 10'-10"	1	30.00	30.00



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Sales Invoice	
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<b>Date</b>	09/05/2018
<b>Due Date</b>	10/05/2018

**Sales Rep:** ABCD01  
**Order #:** 2674260  
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**Reprint**

Billing Address: 000000	Shipping Address: MISC
HOBO (Home Owners Bargain Outlet) ATTN: Accounts Payable 2650 Belvedere Road Waukegan, IL 60085 847-263-1240	HOBO 26 300 W NORTH AVE  VILLA PARK, IL 60181 630-833-3200

Customer	Customer PO	Vendor #	BOL #	Ship Via	Payment Terms	Total Qty
001633	S000018694		164126	CPU	NET 30	31
<b>Remarks</b>					<b>Price Level: M</b>	
DUE BY 8/24						

Line	Rug ID	Stock No	Collection	Designs	Size	Qty	Unit/SQFT Price	Ext Price
Type	Cust Item Code	Area			Side Mark			
19	MGTMG488400065377		MILLINGTON	MG-4884	5'-3" X 7'-7"	2	15.00	30.00
20	MGTMG488400067110		MILLINGTON	MG-4884	7'-10" X 10'-10"	1	30.00	30.00
21	MGTMG4789GL007110		MILLINGTON	MG-4789	7'-10" X 10'-10"	1	30.00	30.00
22	MGTMG491600065377		MILLINGTON	MG-4916	5'-3" X 7'-7"	2	15.00	30.00
23	MGTMG4904GL005377		MILLINGTON	MG-4904	5'-3" X 7'-7"	1	15.00	15.00

<b>Merchandise Total</b>	645.00
<b>Already Deducted Discount</b>	0.00
<b>Shipping &amp; Handling Charges</b>	0.00
<b>Special Handling Charges</b>	0.00
<b>Total Amount</b>	<b>645.00</b>

# Northern District of Illinois Claims Register

[18-30054 North Avenue Associates LLC](#)

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

<i>Creditor:</i> (27317385)	<b>Claim No: 4</b>	<i>Status:</i>
Riztex USA Inc	<i>Original Filed</i>	<i>Filed by:</i> CR
900 Marine Dr	<i>Date:</i> 11/20/2018	<i>Entered by:</i> EPoc ADI
900 Marine Dr	<i>Original Entered</i>	<i>Modified:</i>
Calhoun, GA 30701	<i>Date:</i> 11/20/2018	

Amount claimed: \$645.00

*History:*

[Details](#) [4-1](#) 11/20/2018 Claim #4 filed by Riztex USA Inc, Amount claimed: \$645.00 (ADI, EPoc)

*Description:*

*Remarks:* (4-1) Account Number (last 4 digits):1633

## Claims Register Summary

**Case Name:** North Avenue Associates LLC  
**Case Number:** 18-30054  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$645.00
<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>		