

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

Debtor 1 North Avenue Associates LLC

Debtor 2 (Spouse, if filing) \_\_\_\_\_

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

Case number 18-30054

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 JAN -8 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?  
Javier Alicea  
 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><b>Where should notices to the creditor be sent?</b></p> <p><u>Javier Alicea</u>                  Name  <u>3044 Scott St.</u>                  Number Street  <u>Franklin Park IL 60131</u>                  City State ZIP Code</p> <p>Contact phone <u>773-988-6538</u>                  Contact email <u>jalicea1228@gmail.com</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p><u>Javier Alicea</u>                  Name  <u>3044 Scott St.</u>                  Number Street  <u>Franklin Park IL 60131</u>                  City State ZIP Code</p> <p>Contact phone <u>773-988-6538</u>                  Contact email <u>jalicea1228@gmail.com</u></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? \$ 7155.52 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.  
Wages, Salaries, sick leave pay

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:

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

- |  | 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 checked="" 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). | \$ <u>7155.52</u>           |
| <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 4/01/19 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 02 2019  
MM / DD / YYYY

Javier Alicea  
 Signature

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

Name Javier Alicea  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 3044 Scott. St.  
Number Street

Franklin Park IL 60131  
City State ZIP Code

Contact phone 773-988-6538 Email jalicea1228@gmail.com



<b>#242 - Javier Alicea</b>		<b>Voucher # (32368)</b>		<b>Pay Date: 12/07/2018</b>	
26				<b>Pay Period: 11/18/2018-12/01/2018</b>	
<b>Earnings</b>			<b>Company Paid Benefits</b>		
	<b>Rate</b>	<b>Hours</b>	<b>YTD</b>	<b>Current</b>	<b>YTD</b>
HOL	23.27	10:00	30:00	232.69	682.69
SAL	23.27	100:00	2290:00	2,326.92	51,955.75
SAL	23.27	-10:00		-232.69	
SICK			10:00		225.00
VAC			170:00		3,848.08
<b>Gross Pay</b>			<b>2,326.92</b>	<b>56,711.52</b>	
<b>Deductions</b>			<b>Current</b>	<b>YTD</b>	
401k				901.54	1
DENTAL125			16.87	409.21	2
FSA MED 125				144.00	2
LTD			8.52	159.32	
Loan 401K			43.05	430.50	
MED125			74.04	1,337.96	2
VISION125			2.81	70.25	2
VOL LIFE EE			4.62	115.50	
<b>Total</b>			<b>149.91</b>	<b>3,568.28</b>	
<b>Taxes Withheld</b>			<b>Current</b>	<b>YTD</b>	
FIT	2,233.20	53,848.56	233.59	5,519.35	
FICA	2,233.20	54,750.10	138.46	3,394.51	
MEDI	2,233.20	54,750.10	32.38	793.88	
SIT:IL	2,233.20	53,848.56	106.31	2,567.89	
<b>Total</b>			<b>510.74</b>	<b>12,275.63</b>	
<b>Net Pay</b>			<b>1,666.27</b>	<b>40,867.61</b>	
Checking (0911)			610.00	15,250.00	
Checking (7122)			1,056.27	25,617.61	

**Tax Allowance Settings**  
 Federal: Single/2  
 Illinois: Allowances: 1  
 Additional Allowances: 0

1 Reduces your Federal & State Withholding Taxable Wage  
 2 Reduces your Federal Withholding, OASDI & Medicare Taxable Wage  
 3 For information purposes only. No effect on your net pay.

HOBO Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

**HOBO Group - Multi-EIN**  
 2650 Belvidere Road  
 Waukegan, IL 60085

**Pay Date: 12/07/2018**  
**Voucher #: (32368)**

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Javier Alicea	1	Checking	XXXXX0911	071000013	610.00
26 242 12/07/2018 (32368)	2	Checking	XXXXX7122	071025661	1,056.27
					<b>1,666.27</b>

**Javier Alicea**  
 3044 Scott St  
 Franklin Park, IL 60131

**NON-NEGOTIABLE - THIS IS NOT A CHECK**

**HOBO Group - Multi-EIN**  
 2650 Belvidere Road  
 Waukegan, IL 60085

26 242 12/07/2018 (32368)  
**Javier Alicea**  
 3044 Scott St  
 Franklin Park, IL 60131

**PERSONAL & CONFIDENTIAL**



Accruals History Report

Employee: Javier Alicea  
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
11/19/2018 06:00p	Time Entry (Deleted)	11/05/2018	-	-1.00			Julie A. Cwik	389
11/19/2018 06:00p	Time Entry (Deleted)	11/06/2018	-	-1.00			Julie A. Cwik	389
10/01/2018 04:20p	Time Entry (Deleted)	11/04/2018	-	-1.00			Julie A. Cwik	389
10/01/2018 04:20p	Time Entry	11/06/2018	-	-1.00			Nivia P. Marrero	275
10/01/2018 04:20p	Time Entry	11/05/2018	-	-1.00			Nivia P. Marrero	275
10/01/2018 04:20p	Time Entry	11/04/2018	-	-1.00			Nivia P. Marrero	275
10/01/2018 04:20p	Time Entry	11/02/2018	-	-1.00			Nivia P. Marrero	275
10/01/2018 04:19p	Time Entry	11/01/2018	-	-1.00			Nivia P. Marrero	275
07/26/2018 01:07p	Time Entry	10/21/2018	-	-1.00			Nivia P. Marrero	275
07/26/2018 01:07p	Time Entry	07/30/2018	-	-1.00			Nivia P. Marrero	275
07/03/2018 02:48p	Time Entry	07/29/2018	-	-1.00			Nivia P. Marrero	275
07/03/2018 02:48p	Time Entry	07/15/2018	-	-1.00			Nivia P. Marrero	275
07/03/2018 02:48p	Time Entry	07/13/2018	-	-1.00			Nivia P. Marrero	275
07/03/2018 02:48p	Time Entry	07/12/2018	-	-1.00			Nivia P. Marrero	275
07/03/2018 02:48p	Time Entry	07/10/2018	-	-1.00			Nivia P. Marrero	275
07/03/2018 02:48p	Time Entry	07/09/2018	-	-1.00			Nivia P. Marrero	275
06/12/2018 08:38a	Time Entry	07/08/2018	-	-1.00			Nivia P. Marrero	275
06/11/2018 02:42p	Time Entry	07/01/2018	-	-1.00			Nivia P. Marrero	275
06/11/2018 02:42p	Time Entry	06/29/2018	-	-1.00			Nivia P. Marrero	275
06/11/2018 02:42p	Time Entry	06/28/2018	-	-1.00			Nivia P. Marrero	275
05/19/2018 03:03a	Automatic Accruals Execution	06/24/2018	-	-1.00			Nivia P. Marrero	275
05/19/2018 03:03a	Carry Over Rule	05/19/2018 - 05/19/2019	15.00	-	05/19/2019		Nivia P. Marrero	275
05/19/2018 03:03a	Carry Over Rule Prev Year Adjustment	05/19/2018	12.00	-	05/19/2018		System Administrator	275
12/17/2017 05:37p	Time Entry	01/01/2018	-12.00	-	05/19/2018		System Administrator	275
12/04/2017 01:17p	Time Entry	12/31/2017	-	-1.00			Nivia P. Marrero	275
12/03/2017 01:39p	Time Entry (Deleted)	12/01/2017	-	-1.00			Nivia P. Marrero	275
11/20/2017 02:10p	Time Entry	12/01/2017	-	-1.00			System Administrator	275
11/20/2017 02:10p	Time Entry	12/08/2017	-	-1.00			Nivia P. Marrero	275
11/20/2017 02:10p	Time Entry	12/07/2017	-	-1.00			Nivia P. Marrero	275
11/20/2017 02:10p	Time Entry	12/05/2017	-	-1.00			Nivia P. Marrero	275
11/20/2017 02:10p	Time Entry	12/04/2017	-	-1.00			Nivia P. Marrero	275
11/14/2017 04:19p	Time Entry	12/03/2017	-	-1.00			Nivia P. Marrero	275
10/11/2017 01:08p	Time Entry	12/01/2017	-	-1.00			Nivia P. Marrero	275
10/11/2017 01:07p	Manual Information Modification	05/18/2018	-	-	05/19/2018	Correct Updated To Date	System Administrator	275
09/11/2017 12:43p	Manual Information Modification	05/18/2017	-	-	05/19/2017	Correct Updated To Date	System Administrator	275
09/09/2017 09:24a	Time Entry	08/12/2017	-	-	08/13/2017	Correct Updated To Date	System Administrator	275
09/09/2017 09:23a	Time Entry (Deleted)	10/01/2017	-	-1.00			System Administrator	275
09/09/2017 09:23a	Time Entry	10/01/2017	-	-1.00			System Administrator	275
09/09/2017 09:22a	Time Entry (Deleted)	10/01/2017	-	-1.00			System Administrator	275
09/09/2017 09:22a	Time Entry	10/01/2017	-	-1.00			System Administrator	275

Sorted By: Added Descending

Bradenton





### Accruals History Report

Employee: Javier Alcea  
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee ID
10/06/2017 08:59a	Initial Import Adjustment	08/13/2017	23.00	-	07/06/2018		System Administrator	
09/13/2017 09:00a	Time Entry	09/14/2017	-	1.00			Nivia P. Marrero	275
08/18/2017 03:26p	Time Entry	07/20/2017	-	1.00			System Administrator	
<b>Report Total</b>			38.00	26.00				

Sorted By: Added Descending

Bradenton







10:24 AM (Central)

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- [Payroll](#)
- [HR](#)
- [Edit Tabs](#)

### Accruals

TIME OFF	ACCRUED TO	CURRENT ACCRUED	TAKEN	CURRENT BALANCE	SCH
Sick	05/19/2019	Days: 14.00	0.00	14.00	0.00
Vacation	05/19/2019	Days: 27.00	15.00	12.00	0.00

### Base Compensation

CURRENT COMPENSATION		
Amount \$	Hours	
Annual	60,500.00	2600:00
Pay Period	2,326.92	100:00
Hourly	23.26923	



