Case 18-30054 Claim 18-1 Filed 01/08/19 Desc Main Document Page 1 of 10

Fill in this in	formation to identify the case:
Debtor 1	North Avenue Associates LLC
Debtor 2 (Spouse, if filing)	
United States I	Bankruptcy Court for the: Northern District of Illinois - Eastern Div
Case number	18-30054

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.

E	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 clair Other names the creditor used with the debtor	m)		
2.	Has this claim been acquired from someone else?	No Yes. From whom?	1444		
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? L. DRESING Name HN524 CHURCH ROAD Number Street BEXISENVILLE IL 60106 City State ZIP Code Contact phone (630) 212 - 6116 Contact email CLD 625 (6) ATT, NET	Name Number Street City Contact phone Contact email	State	ZIP Code
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	/ YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

F	Part 2: 0	ive Informatio	on About the Claim as of the Date the Case Was Filed
6.		ive any number o identify the	No Pes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How muc	is the claim?	\$ 2577.94 Does this amount include interest or other charges?
			Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
3.	What is th	e basis of the	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.
			BALANCE OF UNPAID VACATION TIME & ACCRUED
			YACATION TIME
9.	Is all or pa	rt of the claim	No The delivery
			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
0.	Is this clair	n based on a	Ď\no
	lease?		☐ Yes. Amount necessary to cure any default as of the date of the petition.
4	l- 45:1-:		
	right of se	n subject to a off?	DA No
			Yes. Identify the property:

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12. Is all or part of the clai entitled to priority und	m XNo
11 U.S.C. § 507(a)?	Yes. Check one:
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
nonpriority. For example,	11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
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.	personal, family, or household use. 11 U.S.C. § 507(a)(7).
	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.
	☐ 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 Specification (i
	Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.
	* Amounts are subject to adjustment on 4/04/49
	* 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.
	the date of adjustment.
Part 3: Sign Below	
he person completing	Check the appropriate box:
his proof of claim must	
ign and date it. RBP 9011(b).	I am the creditor.
	I am the creditor's attorney or authorized agent.
you file this claim	lam the trustoe and he dutionized agent.
lectronically, FRBP	. diff the trustee, or the debtor, or their authorized agent. Beatle, i
005(a)(2) authorizes courts establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.
Decifying what a signature	
	I understand that an authorized signature on this <i>Proof of Claim</i> 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
Domes	amount of the claim, the creditor gave the dobber existing the creditor gave the dobber existing the
511d:-la-4 - 1 - 1	torial the detail
ned up to \$500,000,	I have examined the information in this Proof of Claim and I
prisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true
ars, or both	
U.S.C. §§ 152, 157, and	declare under penalty of perjury that the foregoing is true and correct.
	Executed on date 01/03/2019
	MM / DD / YYYY
	Course S. Dresing
	Signature
р	rint the manner of the
•	rint the name of the person who is completing and signing this claim:
	1
N	ame CONNIE LYNN DRESING
	First name Middle name DRESING
Ti	tle Last name
!!!	
Co	ompany
	Identify the corporate servicer as the company if the authorized agent is a servicer.
8.3	11/1521 0
Ad	dress 4N524 CHURCH ROAD
	Number Street
	BENSEABOUR
	BENSENVILLE 11 60106 City State ZIP Code Mact phone (630) 212-6116 Email (151.25.6) 477 11-7
Stanform	State ZIP Code
Cor	ntact phone (630) 2/2-6116
	Email CLD 625 @ ATT. NET

Vacation Accrual Not Paid- Connie L. Dresing, North Avenue Assoc. LLC

Total Weeks from Anniversary until last day worked	
Days Accrued per week	41.00
Total Days Accrued Since Anniversary	0.28846
,	11.83
Vacation Days Remaining from Accruals History Report	
	10.50
Vacation Hours Paid on Last Check	227.00
Vacation Days Paid on Last Check	16.48
	2.06
Total Vacation Hours Unpaid	20.27
Total Vacation Hours Unpaid	20.27 162.13
Hough, B	102.13
Hourly Rate	15.90
Total Amount Owed	13.30
- Star Amount Oweg	2577.94

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09/16/2017 - 1.00 System Administrator Nivia P. Marrero Nivia P. Marrero 27.50 17.00	0:07a Time Entry	12.50	200/01/20	Correct Updated to Date	System Administrator	
1.00 Nivia P. Marrero Nivia P. Marrero 27.50 17.00					System Administra	
27.50 17.00 Nivia P. Marrero	otal		1.00		Street Administrator	
Nivia P. Marrero			1.00		Nivia P. Marrero	275
					Nivia P. Marrero	275
		27.50	17.00			
			17.00			

Accruals History Report

Generated: 12/21/2018 12:04p Generated By: Michael J, Earl Page 1 of 1

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Bradenton

Sorted By: Added Descending

Case 18-30054 Claim 18-1 Filed 01/08/19 Desc Main Document Page 9 of 10

26	- Connie L. [roomg			Vouc	her # (32857)			
Earnin	ngs							Pay Date: Pay Period: 12/02/2018	12/21/2018
	Rate	Hours	YTD	Current)	Company	Paid Benefits	- 12/02/2018	-12/15/2018
BON				Current	YTD				
HOL			24.00	907.27	907.27	MED125		Current	YTD
TC	23.85	40:04	24:00		381.60	FUTA		187.77	4,566.76
REG	15.90		124:11	955.59	2,961.78	FICA			42.00
SICK	50	67.26		1,390.20	31,108.21	MEDI		214.12	2,237.51
RA			16:00		254.40	SUTA:IL		50.08	523.29
AC			1:42		27.03				132.84
AC	15.90	16:48	104:00		1,653.60	Total		451.97	
Gross P		10.48	16:48	267.12	267.12			102.37	7,502.40
SIUSS P	ау			3,520.18	37,561.01	Tax Allowa	nce Settings		
Deductio	One					Federal:	Single/2		
- Cadetit	UIIS					Illinois:	Allowances: 1		

Deductions		
401k	Current	YTD
DENTAL125	105.61	1,126.84
MED125	16.87	257.34
VISION125	46.94	1,141.68
VOL LIFE EE	2.81	73.06
Total	-711.10	-109.40
· otal	-538.87	2,489.52

	Taxable	Taxable YTD	Current	
FIT	3,347.95			YTD
FICA	3,453.56		478.84	2,743.75
MEDI	3,453.56	30,000.93	214.12	2,237.51
SIT:IL		36,088.93	50.08	523.29
Total	3,347.95	34,962.09	161.49	1,628.70
iotai			904.53	7,133.25

let Pay	3 154 52	
Checking (2619)	3,154.52	27,938.24
Checking (2619)	3,154.52	27,938.24

1 Reduces your Federal & State Withholding Taxable Wage

Additional Allowances: 0

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: Voucher #:	12/21/2018		
Voucher #:	(32857)		

Deposited To The Accoun	nt(s) of					
Connie L. Dresing	(0) 01	Deposit	# Account Type	Account #	Transit ABA	D
26 256 12/21/2018	9 (92	1	Checking	XXXXX2619	071001122	Deposit
12/21/2018	6 (32857)					3,154.52

Connie L. Dresing 4N524 Church Rd Bensenville, IL 60106

NON-NEGOTIABLE - THIS IS NOT A CHECK

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

26 256 12/21/2018 (32857)

Connie L. Dresing 4N524 Church Rd Bensenville, IL 60106

Northern District of Illinois Claims Register

18-30054 North Avenue Associates LLC

Honorable Judge: Jacqueline P. Cox Chapter: 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27428838) Claim No: 18 Status: CONNIE L. DRESING Original Filed Filed by: CR

4N524 CHURCH RD Date: 01/08/2019 Entered by: Kimetha Collier

BENSENVILLE, IL 60106 Original Entered Modified:

Date: 01/08/2019

Amount claimed: \$2577.94

History:

Details 18-1 01/08/2019 Claim #18 filed by CONNIE L. DRESING, Amount claimed: \$2577.94 (Collier,

Kimetha)

Description: Remarks:

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

Total Amount Claimed*	\$2577.94
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		