

Fill in this information to identify the case:

Debtor 1 Oak Creek Distribution LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30055

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? Standard Furniture Mfg. Co., Inc.
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)
<u>Coface North America Insurance Company</u> Name	_____ Name
<u>650 College Road East, Suite 2005</u> Number Street	_____ Number Street
<u>Princeton, NJ 08540</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>609-469-0459</u>	Contact phone _____
Contact email <u>amy.schmidt@coface.com</u>	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 _____
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 0 8 1

7. How much is the claim? \$ 103,633.00. 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.

Goods Sold

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.

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<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 4/01/19 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 12/13/2018
MM / DD / YYYY

/s/ Amy Schmidt
 Signature

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

Name Amy Schmidt
First name Middle name Last name

Title agent

Company Coface North America Insurance Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

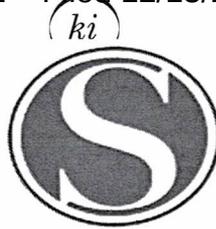
Address 650 College Road East, Suite 2005
Number Street

Princeton, NJ 08540
City State ZIP Code

Contact phone 609-469-0459 Email amy.schmidt@coface.com

Standard Furniture Mfg. Co., Inc.
P. O. Drawer 1089
Bay Minette, AL 36507-1089

801 Highway 31, South
Phone 251 - 937 - 6741
Fax 251 - 937 - 1178



STANDARD
furniture

Bridgeview Oak Creek
Owner: Leo Schmidt
Phone: 847-263-1240

Statement of Account:

<u>INV</u>	<u>Order #</u>	<u>INV DATE</u>	<u>DUE DATE</u>	<u>AMOUNT</u>
642120	2326631	09/14/18	11/13/18	\$10,850.00
642160	2326778	09/14/18	11/13/18	\$11,020.00
688260	2339492	09/19/18	10/19/18	\$21,019.00
688270	2339494	09/19/18	10/19/18	\$20,491.00
8789942	2328407	08/01/18	08/31/18	\$21,416.00
8891460	2339494	08/01/18	08/31/18	\$18,837.00
				\$103,633.00

CONFIDENTIALITY NOTE:

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STANDARD
furniture

Standard Furniture Mfg. Co. Inc.

P. O. Drawer 1089

801 Highway 31 South

Fax (251) 937-1178

Bay Minette, AL 36507

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HOBO #47
* CALL BARB FOR APPT
708-924-9155 EXT #13
7557 78TH AVE
BRIDGEVIEW

IL 60455

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BRIDGEVIEW OAK CREEK DIST CTR
DBA HOBO #47
2650 BELVIDERE RD
WAUKEGAN

STORE#:

0910

IL 60085

CONTAINERS.STD IMPORT PO# 56117

SEAL# CG442327

CONTAINER# TCNU9140502

CUSTOMER NO.	
60590	2

DATE		
Mo.	Day	Yr.
09	14	18

SHIP VIA		SALESMAN	PURCHASE ORDER NO.	TERMS				
9/12/18 FOB		42	N000021409	S NET 60 FROM INV DATE				
LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE			
2	LOVESEAT, MANUAL CONS 9401.71.0011	41-50-43-1	22	205.00	4510.00			
1	SOFA, MANUAL-DROPDOWN 9401.71.0011	41-50-96-1	23	205.00	4715.00			
3	RECLINER, GLIDER MAN 9401.71.0011	41-50-99-1	13	125.00	1625.00			
Subtotal Merchandise					10850.00			
Total Merchandise					10850.00			
Fuel Surcharge								
*TSCA TITLE VI COMPLIANT								
SUITE INGREDIENTS=====								
415000 ALBA								
415000 POPULUS								
SHIP DATE: 09/12/2018								
ORDER NUMBER	ORDER DATE			LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT
2326631-00	Mo.	Day	Yr.	-00			642120	
	06	21	18					



STANDARD furniture

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P. O. Drawer 1089

801 Highway 31 South

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Bay Minette, AL 36507

SHIP TO

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BRIDGEVIEW OAK CREEK DIST CTR
DBA HOBO #47
2650 BELVIDERE RD
WAUKEGAN

IL 60085

STORE#:

0910

SEAL# CG442327

CONTAINERS.STD IMPORT PO# 56117

CONTAINER# TCNU9140502

CUSTOMER NO.	
60590	2

DATE		
Mo.	Day	Yr.
09	14	18

SHIP VIA	SALESMAN	PURCHASE ORDER NO.	TERMS
9/12/18 FOB	42	N000021409	S NET 60 FROM INV DATE

LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE
	<p>MANUFACTURER INFORMATION: ANJI COZYHOME CO LTD SHANGSHU VILLAGE, SHANGSHU TOWN, ANJI COUNTY, HUZHOU CITY, ZHEJIANG PROVINCE 303302 MID CODE: COUNTRY OF ORIGIN: CHINA</p>				
<p>***** * PAYMENT OF THIS INVOICE MUST BE MADE * * IN U.S. DOLLARS AND PAID DIRECTLY TO: * * STANDARD FURNITURE MFG. CO, INC. * * P.O. BOX 933715 * * ATLANTA, GA 31193-3715 * * TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY * * MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES. * * PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE. * * CUSTOMER NUMBER: 60590 * ***** For customer service, call: 1-800-827-7866, or email: customer@sfmco.com</p>					

ORDER NUMBER	ORDER DATE			LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT
	Mo.	Day	Yr.					
RP 2326631-00	06	21	18	-00	10264.0		642120	U.S.\$ 10850.00

2370.9

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furniture

Standard Furniture Mfg. Co. Inc.
P. O. Drawer 1089
801 Highway 31 South
Fax (251) 937-1178
Bay Minette, AL 36507

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708-924-9155 EXT #13
7557 78TH AVE
BRIDGEVIEW

IL 60455

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BRIDGEVIEW OAK CREEK DIST CTR STORE#:
DBA HOBO #47
2650 BELVIDERE RD
WAUKEGAN

IL 60085

0910

SEAL# CG622611

CONTAINERS.STD IMPORT PO# 56195

CONTAINER# BSIU9094857

CUSTOMER NO.	
60590	2

DATE		
MO	DA	YR
09	14	18

SHIP VIA	SALESMAN	PURCHASE ORDER NO.	TERMS
9/12/18 FOB	42	N000021408	S NET 60 FROM INV DATE

LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE
2	LOVESEAT, MANUAL CONS 9401.71.0011	41-50-43-1	22	205.00	4510.00
1	SOFA, MANUAL-DROPDOWN 9401.71.0011	41-50-96-1	22	205.00	4510.00
3	RECLINER, GLIDER MAN 9401.71.0011	41-50-99-1	16	125.00	2000.00
	Subtotal Merchandise				11020.00
	Total Merchandise				11020.00
	Fuel Surcharge				
	*TSCA TITLE VI COMPLIANT				
	SUITE INGREDIENTS=====				
	415000 ALBA				
	415000 POPULUS				
	SHIP DATE: 09/12/2018				

ORDER NUMBER	ORDER DATE			LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT
	No.	Day	Yr.					
2326778-00	06	21	18	-00			642160	



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HOBO #47
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BRIDGEVIEW

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BRIDGEVIEW OAK CREEK DIST CTR STORE#: 0910
DBA HOBO #47
2650 BELVIDERE RD
WAUKEGAN IL 60085

CUSTOMER NO.	
60590	2

Mo.	DATE	Yr.
09	14	18

CONTAINERS.STD IMPORT PO# 56195
SEAL# CG622611 CONTAINER# BSIU9094857

SHIP VIA	SALESMAN	PURCHASE ORDER NO.	TERMS
9/12/18 FOB	42	N000021408	S NET 60 FROM INV DATE

LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE
	<p>MANUFACTURER INFORMATION: ANJI COZYHOME CO LTD SHANGSHU VILLAGE, SHANGSHU TOWN, ANJI COUNTY, HUZHOU CITY, ZHEJIANG PROVINCE 303302 MID CODE: COUNTRY OF ORIGIN: CHINA</p>				
<p>***** * PAYMENT OF THIS INVOICE MUST BE MADE * * IN U.S. DOLLARS AND PAID DIRECTLY TO: * * STANDARD FURNITURE MFG. CO, INC. * * P.O. BOX 933715 * * ATLANTA, GA 31193-3715 * * TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY * * MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES. * * PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE. * * CUSTOMER NUMBER: 60590 * *****</p>					
<p>For customer service, call: 1-800-827-7866, or email: customer@sfmco.com</p>					

ORDER NUMBER	ORDER DATE			LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT
	Mo.	Day	Yr.					
RP 2326778-00	06	21	18	-00	10342.0		642160	U.S.\$ 11020.00

2387.6

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P. O. Drawer 1089
801 Highway 31 South
Fax (251) 937-1178
Bay Minette, AL 36507

SHIP TO

HOBO #47
* CALL BARB FOR APPT
708-924-9155 EXT #13
7557 78TH AVE
BRIDGEVIEW IL 60455

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BRIDGEVIEW OAK CREEK DIST CTR STORE#:
DBA HOBO #47
2650 BELVIDERE RD 0910
WAUKEGAN IL 60085 SALES.STD
SEAL#

CUSTOMER NO.
60590 2

MO. DATE YR.
09 19 18

Table with columns: SHIP VIA, SALESMAN, PURCHASE ORDER NO., TERMS, LINE#, DESCRIPTION, ITEM NO., QTY., UNIT PRICE, EXTENDED PRICE. Includes item list for TABLE, LOVESEAT, SOFA, RECLINER, and a summary section with fuel surcharge and TSCA compliance notes.

RP

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BRIDGEVIEW IL 60455

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DBA HOBO #47
2650 BELVIDERE RD SALES.STD
WAUKEGAN IL 60085
SEAL#

CUSTOMER NO.	
60590	2

DATE		
Mo.	Day	Yr.
09	19	18

SHIP VIA	SALESMAN	PURCHASE ORDER NO.	TERMS
9/19/18 PICK UP CUSTOMER	42	N000021724	S NET 30 FROM INV DATE

LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE
2	LOVESEAT, MANUAL CONS	41-50-43-1	25	299.00	7475.00
3	SOFA, MANUAL-DROPDOWN	41-50-96-1	34	299.00	10166.00
1	RECLINER, GLIDER MAN	41-50-99-1	15	190.00	2850.00
Subtotal Merchandise					20491.00
Total Merchandise					20491.00
Fuel Surcharge					
*TSCA TITLE VI COMPLIANT					
PLACED ON B.O. FROM 2339494 00					
SHIP DATE: 07/25/2018					

* PAYMENT OF THIS INVOICE MUST BE MADE * *					
* IN U.S. DOLLARS AND PAID DIRECTLY TO: * *					
* STANDARD FURNITURE MFG. CO, INC. * *					
* P.O. BOX 933715 * *					
* ATLANTA, GA 31193-3715 * *					
* TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY * *					
* MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES. * *					
* PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE. * *					
* CUSTOMER NUMBER: 60590 * *					

For customer service, call: 1-800-827-7866, or email:					
customer@sfmco.com					

ORDER NUMBER	ORDER DATE			LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT
	Mo.	Day	Yr.					
RP 2339494-50	07	25	18	95392	13313.0		688270	U.S.\$ 20491.00



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Standard Furniture Mfg. Co. Inc.
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801 Highway 31 South
Fax (251) 937-1178
Bay Minette, AL 36507

SHIP TO

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BRIDGEVIEW IL 60455

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BRIDGEVIEW OAK CREEK DIST CTR STORE#: 0910
DBA HOBO #47
2650 BELVIDERE RD SALES.STD
WAUKEGAN IL 60085

CUSTOMER NO.
60590 2

DATE		
MO	DAY	YR
08	01	18

SEAL#

SHIP VIA	SALESMAN	PURCHASE ORDER NO.	TERMS
PICK UP CUSTOMER 42		N000021482	I NET 30 FROM INV DATE

LINE#	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE
2	LOVESEAT, MANUAL CONS	41-50-43-1	28	299.00	8372.00
1	SOFA, MANUAL-DROPDOWN	41-50-96-1	36	299.00	10764.00
3	RECLINER, GLIDER MAN	41-50-99-1	12	190.00	2280.00
Subtotal Merchandise					21416.00
Total Merchandise					21416.00
Fuel Surcharge					
*TSCA TITLE VI COMPLIANT					
MISCELLANEOUS INVOICE TO RE-BILL					
WITH CORRECTED PRICING					
SHIP DATE: 06/26/2018					

* PAYMENT OF THIS INVOICE MUST BE MADE * *					
* IN U.S. DOLLARS AND PAID DIRECTLY TO: * *					
* STANDARD FURNITURE MFG. CO, INC. * *					
* P.O. BOX 933715 * *					
* ATLANTA, GA 31193-3715 * *					
* TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY * *					
* MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES. * *					
* PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE. * *					
* CUSTOMER NUMBER: 60590 * *					

For customer service, call: 1-800-827-7866, or email:					
customer@sfmco.com					

ORDER NUMBER	ORDER DATE			LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT
	MO	DAY	YR					
RP 2328407-02	06	26	18		14024.0		8789942	U.S.\$ 21416.00

3247.6

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Standard Furniture Mfg. Co. Inc.

P. O. Drawer 1089
801 Highway 31 South
Fax (251) 937-1178
Bay Minette, AL 36507

SHIP TO

HOBO #47
* CALL BARB FOR APPT
708-924-9155 EXT #13
7557 78TH AVE
BRIDGEVIEW IL 60455

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PAGE

SOLD TO

BRIDGEVIEW OAK CREEK DIST CTR STORE#: 0910
DBA HOBO #47
2650 BELVIDERE RD SALES.STD
WAUKEGAN IL 60085 SEAL#

CUSTOMER NO.	
60590	2

DATE		
08	01	18

SHIP VIA	SALESMAN	PURCHASE ORDER NO.	TERMS						
8/01/18 PICK UP CUSTOMER	42	N000021724	S NET 30 FROM INV DATE						
LINE#	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE				
2	LOVESEAT, MANUAL CONS	41-50-43-1	29	299.00	8671.00				
1	SOFA, MANUAL-DROPDOWN	41-50-96-1	34	299.00	10166.00				
	Subtotal Merchandise				18837.00				
	Total Merchandise				18837.00				
	Fuel Surcharge								
	*TSCA TITLE VI COMPLIANT								
	SHIP DATE: 07/25/2018								
***** * PAYMENT OF THIS INVOICE MUST BE MADE * * IN U.S. DOLLARS AND PAID DIRECTLY TO: * * STANDARD FURNITURE MFG. CO, INC. * * P.O. BOX 933715 * * ATLANTA, GA 31193-3715 * * TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY * * MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES. * * PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE. * * CUSTOMER NUMBER: 60590 * ***** For customer service, call: 1-800-827-7866, or email: customercare@sfmco.com									
ORDER NUMBER	ORDER DATE			LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT	
RP 2339494-00	Mo.	Day	Yr.	96121	12664.0	2930.4	8891460	U.S.\$	18837.00

** I N V O I C E **

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Northern District of Illinois Claims Register

[18-30055 Oak Creek Distribution LLC](#)

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

Creditor: (27372413) **Claim No:** 19 *Status:*
Standard Furniture Mfg. Co., Inc. *Original Filed* *Filed by:* CR
Coface North America Insurance *Date:* 12/13/2018 *Entered by:* Amy Schmidt
Company *Original Entered* *Modified:*
650 College Road East, Suite *Date:* 12/13/2018
2005
Princeton, NJ 08540

Amount claimed: \$103633.00

History:

[Details](#) [19-1](#) 12/13/2018 Claim #19 filed by Standard Furniture Mfg. Co., Inc., Amount claimed: \$103633.00 (Schmidt, Amy)

Description: (19-1) 57081

Remarks:

Claims Register Summary

Case Name: Oak Creek Distribution LLC
Case Number: 18-30055
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$103633.00
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		