

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 DEC 26 2018
 JEFFREY P. ALLSTEADT, CLERK
 TEAM - CA

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 - Eastern Div

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? Marketing Results Ltd
 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>Where should notices to the creditor be sent?</p> <p>Name <u>Marketing Results Ltd</u></p> <p>Number <u>3985</u> Street <u>Graves Rd</u></p> <p>City <u>Columbus, OH</u> State _____ ZIP Code <u>43232</u></p> <p>Contact phone <u>614-575-9300 ext. 14</u></p> <p>Contact email <u>kaw322@aol.com</u></p> | <p>Where should payments to the creditor be sent? (if different)</p> <p>Name <u>Same</u></p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p> |
|--|---|

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? \$ 30,240.00 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.

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

\$ _____

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).

\$ _____

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).

\$ _____

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. 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 12/18/2018
MM / DD / YYYY

Karen Waldmann
Signature

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

Name Karen Waldmann
First name Middle name Last name

Title Vice-President

Company Marketing Results Ltd
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3985 Groves Rd
Number Street

Columbus OH 43232
City State ZIP Code

Contact phone 614-575-9300 ext. 14 Email Kaw322@aol.com



Marketing Results Ltd

3985 Groves Rd.
Columbus, OH 43232

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 8/16/2018 | 72896 |

| |
|---|
| Bill To |
| Home Owners Bargain Outlet HOBO 2650 Belvidere Road Waukegan, IL 60085 USA |

| |
|--|
| Ship To |
| HOBO 47 7557 S. 78TH AVE BRIDGEVIEW, IL 60455 USA |

| P.O. Number | Terms | Rep | Ship | Via | F.O.B. | Project |
|-------------|--------|-----|-----------|-----|--------|---------|
| 21829 | Net 30 | AC | 8/16/2018 | | | |

| Quantity | Item Code | Description | Price Each | Amount |
|----------|------------|-----------------------------|------------|----------|
| 177 | OD3-199865 | CHAIR,HI-BACK,MANAGER,BROWN | 40.00 | 7,080.00 |

| | |
|----------------|--------------|
| Phone # | Fax # |
| 614-575-9300 | 614-575-9390 |

Total USD 7,080.00



HOBOb 47
 7557 S. 78TH AVE.
 BRIDGEVIEW, IL 60455
 (708) 924-9155

TO: MARKETTING RESULTS, LTD.
 3985 GROVES RD.
 COLUMBUS OH 43232
 PHONE: (614) 575-9300
 FAX : (614) 575-9390

SHIP TO: HOBOb 47
 7557 S. 78TH AVE.
 BRIDGEVIEW, IL 60455

PURCHASE ORDER

P.O. #: 0000021829
 Store : 47

Order Date: 8/7/18
 Date Due : 8/21/18
 Alt. PO # :
 Order Type: NORMAL
 Buyer : JORI

| VENDOR | ASSIGNED CUST# | STATUS | BACK | REFER# | CODES | FREIGHT POLICY | SHIP VIA | TERMS | UNIT COST | U/M | EXTENDED COST |
|-----------------|----------------|--------|---------|---|-------|----------------|---------------|-------------|-----------|-----|---------------|
| MARRE | | F | N | HTR | | HOB | 9/11 AD GOODS | NET 10 DAYS | | | |
| 8 | C | 240 | 1246630 | BILL TO: HOBOb BELVIDERE RD 2650 WAUKEGAN, IL 60085 * BROWARD BROWN HIGH BACK DESK | | | OD3-199865 | | 40.00 | EA | 9600.00 |
| TOTAL UNITS 240 | | | | | | | | | | | |

TOTAL COST 9600.00
 TOTAL FREIGHT .00
 OTHER CHARGES .00
 TOTAL P.O. 9600.00

BILL OF LADING

| | |
|--|--|
| SHIP FROM | Bill of Lading Number: 21829 |
| MARKETING RESULTS 711 DISTRIBUTION DRIVE COLUMBUS, OH 43228 USA | |
| SHIP TO | Carrier Name: TRAFFIC TECH |
| HOBO 47 7557 S 78 TH AVE BRIDGEVIEW, IL 60455 | Trailer number: Serial number(s): SEAL # 6243842 |
| THIRD PARTY FREIGHT CHARGES BILL TO | SCAC: |
| HOBO | Pro Number: |
| Special Instructions: | Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid___ Collect <u>X</u> 3rd Party___ |
| | <input type="checkbox"/> Master bill of lading with attached underlying bills of lading. |

CUSTOMER ORDER INFORMATION

| Customer Order No. | # of Packages | Weight | Pallet/Slip (circle one) | | Additional Shipper Information |
|--------------------|---------------|--------|--------------------------|---|--------------------------------|
| 21829 | 177 | 7860 | <u>Y</u> | N | |
| | | | Y | N | |
| | | | Y | N | |
| | | | Y | N | |
| Grand Total | 177 | 7860 | | | |

CARRIER INFORMATION

| Handling Unit | | Package | | Weight | HM (X) | Commodity Description <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small> | LTL Only | |
|---------------|------|---------|------|--------|--------|--|----------|-------|
| Qty | Type | Qty | Type | | | | NMFC No. | Class |
| 14 | PLT | 177 | CTN | 7860 | | HOME DÉCOR | | 100 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 14 | | 177 | | 7860 | | | | |

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 the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$ _____
 Fee terms: Collect Prepaid Customer check acceptable

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).

Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees.

Shipper Signature Leonel Vargas

Shipper Signature/Date
8-15-2018 Leonel Vargas
This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:
 By shipper
 By driver

Freight Counted:
 By shipper
 By driver/pallets said to contain
 By driver/pieces

Carrier Signature/Pickup Date
Ad Shapiro 8-15-18
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Trailer - PTL2181215



Marketing Results Ltd

Columbus, OH 43232

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 8/28/2018 | 73261 |

| |
|---|
| Bill To |
| Home Owners Bargain Outlet HOBO 2650 Belvidere Road Waukegan, IL 60085 USA |

| |
|---|
| Ship To |
| HOBO 47 7557 S. 78th Ave Bridgeview, IL 60455 |

| P.O. Number | Terms | Rep | Ship | Via | F.O.B. | Project |
|-------------|--------|-----|-----------|-----|--------|---------|
| 21856 | Net 30 | AC | 8/28/2018 | | | |

| Quantity | Item Code | Description | Price Each | Amount |
|----------|-------------------|---|------------|----------|
| 400 | TV2-179173 | 48" Grapevine Snowman | | |
| 400 | TV2-179171 | 48" Grapevin Stand Deer | 18.00 | 7,200.00 |
| 216 | TV2-195215 | Santa Spr Table Decor | 18.00 | 7,200.00 |
| 216 | TV2-195216 | Snowman Spr Table Decor | 3.75 | 810.00 |
| 84 | TV2-194398 | 9" Ind/Out Noel Marquee | 3.75 | 810.00 |
| 84 | TV2-194399 | 9" Ind/Out Snow Marquee | 15.00 | 1,260.00 |
| 126 | TV2-161570 | 18"BLU 48LT Bonsai Tree | 15.00 | 1,260.00 |
| 288 | BEN-5025071 | Finding Dory Dory's Activity World | 6.00 | 756.00 |
| 144 | BEN-5041781 | CARS 3 ACTIVITY WORLD | 4.00 | 1,152.00 |
| 144 | BEN-5051667 | BARBIE GIANT STICKER PAD | 5.00 | 720.00 |
| 144 | BEN-5022704 | DISNEY PRINCESS GIANT STICKER ACTIVITY PAD | 3.50 | 504.00 |
| 144 | BEN-STARWARS | Star Wars Giant Sticker Activity Pad | 3.50 | 504.00 |
| 120 | BENP-AS39535-C... | STORYBOOK ACTIVITY TIN ASSORT 3 TITLES PKD12 | 3.50 | 504.00 |
| | | | 4.00 | 480.00 |

| | |
|--------------|--------------|
| Phone # | Fax # |
| 614-575-9300 | 614-575-9390 |

Total USD 23,160.00



HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

TO: MARKETING RESULTS, LTD.
3985 GROVES RD.
COLUMBUS OH 43232
PHONE: (614) 575-9300
FAX : (614) 575-9390

SHIP TO: HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE ORDER

P.O. #: n000021856
Store : 47

Order Date: 8/ 9/18
Date Due : 9/ 4/18
Alt. PO # :
Order Type: NORMAL
Buyer : JORI

| VENDOR | ASSIGNED CUST# | STATUS | BACK | REFER# | CODES | FREIGHT POLICY | SHIP VIA | TERMS | |
|-------------|----------------|---------|-----------------|---|----------------|----------------|---------------|-------------|---------------|
| MARRE | | F | N | HTR | | HOB | | NET 10 DAYS | |
| LINE# | STORE | QTY ORD | ITEM/SKU NUMBER | DESCRIPTION | MFG#/SPCL | SPEC ORD# | UNIT COST | U/M | EXTENDED COST |
| BILL TO: | | | | HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085 | | | | | |
| 8 | C | 400 | 1246943 | * 48" LIGHTED GRAPEVINE SNOWMAN | TV2-179173 | | 18.00 | EA | 7200.00 |
| 16 | C | 400 | 1246944 | * 48" LIT GRAPEVINE STANDING DEER | TV2-179171 | | 18.00 | EA | 7200.00 |
| 24 | C | 216 | 1246945 | * 12.5" SPRING METAL SANTA | TV2-195215 | | 3.75 | EA | 810.00 |
| 32 | C | 216 | 1246946 | * 12.5" SPRING METAL SNOWMAN | TV2-195216 | | 3.75 | EA | 810.00 |
| 40 | C | 84 | 1246947 | * 9" LIGHTED NOEL IN/OUT LIGHTS | TV2-194398 | | 15.00 | EA | 1260.00 |
| 48 | C | 84 | 1246948 | * 9" SNOW LIGHTED IN/OUT LIGHTS | TV2-194399 | | 15.00 | EA | 1260.00 |
| 56 | C | 170 | 1246949 | * 18" LED LIGHTED BONSAI | TV2-161570 | | 6.00 | EA | 1020.00 |
| 64 | C | 288 | 1246950 | * DORY ACTIVITY WORLD | BEN-5025071 | | 4.00 | EA | 1152.00 |
| 72 | C | 144 | 1246951 | * CARS ACTIVITY WORLD | BEN-5041781 | | 5.00 | EA | 720.00 |
| 80 | C | 144 | 1246952 | * BARBIE ACTIVITY STICKER KIT | BEN-5051667 | | 3.50 | EA | 504.00 |
| 88 | C | 144 | 1246953 | * PRINCESS ACTIVITY STICKER KIT | BEN-5022704 | | 3.50 | EA | 504.00 |
| 96 | C | 144 | 1246954 | * STAR WARS ACTIVITY STICKER KIT | BEN-STARWARS | | 3.50 | EA | 504.00 |
| 104 | C | 120 | 1246955 | * DISNEY LICENSED TINS ASSORTED | BENPAS39535COS | | 4.00 | EA | 480.00 |
| TOTAL UNITS | | 2554 | | | | | | | |
| | | | | | | | TOTAL COST | | 23424.00 |
| | | | | | | | TOTAL FREIGHT | | .00 |
| | | | | | | | OTHER CHARGES | | .00 |
| | | | | | | | TOTAL P.O. | | 23424.00 |

P.O. Approved By: _____

Date: _____

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 8/28/2018

Marketing Results
 711 Distribution Drive
 Docks 13-15
 Columbus, OH 43228
 Mike/Jenn Grekowicz (773) 276-1001
 Reference Number: 21856

| | |
|-----------|------------------------|
| Carrier: | NSP Transportation Inc |
| Pro#: | |
| Load#: | 273914696 |
| Ship ID#: | 45927 |

Consignee: Due Date 8/29/2018

HOBO 47- DC
 7557 S 78TH AVE
 BRIDGEVIEW, IL 60455
 receiving (708) 924-9155
 Reference Number:

All Freight charges PPD/3rd party bill to:
 C.H. Robinson Worldwide, Inc
 Billing
 P.O. Box 3470
 Chicago, IL 60654

| Type/ Reference # | SKU/ UPC | Description | QTY/ UOM | Pallets | Weight | Category/ Temp | NMFC/ Class |
|----------------------|-------------|-------------|-------------|-----------|--------------|-------------------|----------------|
| PO: N21856 | | HOME GOODS | 1 Pallet | 28.00 | 11904 | Dry | |
| | | | 1 | 28 | 11904 | | |

Shipper Special Instructions:

Jenn@grekmrl@gmail.com

Consignee Special Instructions:

Comments:

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X Leonel Vargas Date: 8-28-2018 Trailer# 208
 Consignee Signature X _____ Date: _____ Seal# _____
 Driver Signature X D. T. Brown Date: _____ Seal# 10900826

Permanent post-office address of shipper.

Seal # 10900826

