

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

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

FEB 14 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?	<u>MMD Apparel LLC</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>MMD Apparel LLC</u> Name <u>1410 Broadway, Suite 1008</u> Number Street <u>New York NY 10018</u> City State ZIP Code Contact phone <u>2125647222</u> Contact email <u>ike@mmdgroup.net</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

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? \$ 4,435.20 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:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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

2/7/19
MM DD YYYY

Signature _____

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

Name

ISAAC
First name

Middle name

FRANCO
Last name

Title

Company

MMD APPAREL LLC

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

Address

Number

Street

City

State

ZIP Code

Contact phone

Email

1410 - Broadway Suite # 1008

New York

NY

10018

212-564-7222

IKE@MMDGroup.

Net

MMD APPAREL

35 WEST 36th STREET Suite 5W
NEW YORK, NY 10018

Invoice


Phone # 212-564-7222
Fax # 212-564-5155

Date	Invoice #
9/4/2018	82198

Bill To
HOBO 2650 BELVIDERE RD WAUKRGAN, IL 60085

Ship To
HOBO 47 7557.78TH AVE. BRIDGEVIEW, IL 60455

ACCOUNT #	P.O. #	REP	Dept	VIA	Cart...	Weight	Store#	TERMS
	n000022044	IF			35		47	Net 60
Quantity	U/M	Unit	Style #	Description	Price Each	Amount		
28		DZ	4030	Mens BUM Boxer Briefs 4pk	52.80	1,478.40		
28		DZ	4040	Mens 4 Pack Knit Boxer	52.80	1,478.40		
28		DZ	4041	Mens 4 Pack Knit Boxer	52.80	1,478.40		
THANK YOU FOR YOUR BUSINESS.					Total	\$4,435.20		

Ship From Gelati 1 Jebara Way Monroe Township, NJ 08831	Bill of Lading Number: 12960 
Ship To HOBO 47 7557.78TH AVE. BRIDGEVIEW, IL 60455	CARRIER NAME: Roadrunner Trailer number: Seal Number(s):
THIRD PARTY FREIGHT CHARGES BILL TO: ECHO LOGISTICS 600 W CHICAGO AVE SUITE 725 CHICAGO, IL 60654	SCAC: Pro Number:
SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill Of Lading with attached underlying Bills of Lading

Customer Order Information

Shipping Information	# of Packages	Weight	Pallet/Slip (Circle One)		Additional Shipper Information
PO Number: n000022044	35	728	Y	N	82198 56274
Grand Total	35	728			

Carrier Information

Handling Unit		Package					LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description	NMFC	Class
1	PL	35	CS	728.0000		See Manifest	049880	

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 U.S.C. § 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 freight and all other lawful charges.

Shipper Signature/Date Ike Kairey 09/07/2018	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver/Pieces	Carrier Signature/Pickup Date  Sep-27-2018 2.45 PM
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This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation.

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in

Northern District of Illinois Claims Register

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

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27538934)

Claim No: 81

Status:

MMD APPAREL LLC

Original Filed

Filed by: CR

1410 BROADWAY, STE. 1008

Date: 02/14/2019

Entered by: Kimetha Collier

NEW YORK, NY 10018

Original Entered

Modified:

Date: 02/14/2019

Amount claimed: \$4435.20

History:

[Details](#) [81-1](#) 02/14/2019 Claim #81 filed by MMD APPAREL LLC, Amount claimed: \$4435.20 (Collier, Kimetha)

Description:

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*	\$4435.20
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		