

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

Debtor 1 OL Enterprises LLC

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

United States Bankruptcy Court for the \_\_\_\_\_ District of Northern Illinois

Case number 15 30056

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 NOV 16 2018

**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?  
Eleanor A. Webb  
 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)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>Eleanor A. Webb</u> Name <u>9761 S. Drexel</u> Street <u>Chicago Ill. 60628</u> City State ZIP Code Contact phone <u>773-3757279</u> Contact email <u>Jacqueline5684@att.net</u>	<u>Eleanor A. Webb</u> Name <u>9761 S. Drexel</u> Street <u>Chicago Ill. 60628</u> City State ZIP Code Contact phone <u>773-3757279</u> Contact email <u>Jacqueline5684@att.net</u>

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? \$ 2,883.16 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.  
paid for kitchen cabinets but not received

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:** \$ 2,883.16  
**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) 0 %  
 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:

Amount entitled to priority

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).

\$ \_\_\_\_\_

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).

\$ 2,850

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 11 11 2018  
MM / DD / YYYY

Eleanor A. Webb  
Signature

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

Name Eleanor A. Webb  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 974 S. Drexel  
Number Street

Chicago IL 60628  
City State ZIP Code

Contact phone 773 375 7279 Email Sacqueline 5684 @

att-124

PAGE NO: 1

**HOBO 25  
8716 S CICERO  
OAK LAWN, IL**

**PHONE: (708) 423-4656**

SOLD TO:  
**ELEANOR WEBB  
9761 DREXEL**

CUSTOMER: 53634  
TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/22/18 4:56  
CLERK: MJUT  
TERMINAL: 108

CHICAGO IL 60628

773-375-7279 REFERENCE: K\* EKD MAGNATA EW1

SHIP TO:  
**ELEANOR WEBB**

**ORDER: 302378/R**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOEKD	SPECIAL ORDER EKD MAGNATA 1880K-35 TEMPO EDGE CUSTOMER: ELEANOR WEBB TEL: 773-375-7279 ADDRESS: 9761 DREXEL CHICAGO, IL 60628 DESIGNER: ERIK		580.58	/EA	580.58

TAXABLE 580.58  
NON-TAXABLE 0.00  
SUB-TOTAL 580.58

DEPOSIT AMT 637.19  
BALANCE DUE 0.00

BANKCARD PAYMENT 637.19

TAX AMOUNT 56.61  
**TOTAL 637.19**

BKCRD# XXXXXXXXXXXXX1942  
MID: 324190461990  
APP: 732821  
XR: 302390

*E. Webb*



PAGE NO: 2

**HOBO 25  
8716 S CICERO  
OAK LAWN, IL**

**PHONE: (708) 423-4656**

SOLD TO: **ELEANOR WEBB  
9761 DREXEL**

CUSTOMER: 53634

JOB: 000

TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/22/18 4:56

CLERK: MJUT

TERMINAL: 108

CHICAGO IL 60628 773-375-7279 REFERENCE: **K\* KWC VAN WHITE EW1**

SHIP TO: **ELEANOR WEBB**

**ORDER: 302374/R**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
-1	EA	SOKW % OFF	Chicago and Milwaukee metro areas subject to a minimum purchase of four cabinets. Please allow 4-6 weeks for delivery. See design contract for additional terms and conditions. DEDUCT: \$ 291.61 FOR 20% OFF PROMO		291.61	/EA	-291.61
1	EA	CABDEL	KOUNTRY WOOD % OFF DISCOUNT CREDIT RETURN CABINET DELIVERY CHARGE CUSTOMER: ELEANOR WEBB TEL: 773-375-7279		59.99	/EA	59.99
<b>CONTINUED...</b>							



Bank card      USD\$      637.19  
 DEPOSIT      :      637.19

Chip Read  
 CARD TYPE: VISA      EXPR: XXXX  
 AID : A0000000031010  
 TVR : 808C003000  
 IAD : 06010A03602000  
 TSI : 6800  
 ARC : 00  
 MODE : Issuer  
 CVM :  
 Name : VISA DEBIT  
 ATC : 0019  
 AC : 71654027EC995334  
 TXNID/ValCode: 091981

Authorizing Network: VISA

Host reference #: 302390      Bat#  
 AUTH: 732821      AMT: \$      637.19  
 MID: 324190451950  
 BK CARD#: XXXXXXXXXXXXXXX1942

SUB-TOTAL: \$      580.58      TAX: \$      56.61  
 TOTAL: \$      637.19  
 BC AMT: \$      637.19

09/22/18 4:56PM MJUT 108 ORDER

THANK YOU FOR SHOPPING AT HOBBO  
 HOBBO 25  
 8716 S CIGERO  
 OAK LAWN, IL  
 (708) 423-4656

Handwritten signature or scribble at the top of the page.

THANK YOU ELEANOR WEBB  
FOR YOUR PATRONAGE

ORDER# 302374/25  
CUST NO: 53634



Bank card USD\$ 1345.98  
DEPOSIT : 1345.98

Chip Read  
CARD TYPE: VISA  
EXP: XXXX  
AID : A0000000031010  
TVR : 8080003000  
IAC : 06010A03602000  
TSI : 6800  
ARC : 00  
MODE : Issuer  
CVM :  
Name : VISA DEBIT  
ATC : 0018  
AC : F424326431102793  
TXNID/YaIcode: 091976

Authorizing Network: VISA

SUB-TOTAL: \$ 1226.41 TAX: \$ 119.57  
TOTAL: \$ 1345.98  
BC AMT: \$ 1345.98  
BK CARD#: XXXXXXXXXXXXXXX1942  
MID: 324150451950  
AUTH: 390398 AMT: \$ 1345.98  
Host reference #: 302388 Bat#

09/22/18 4:56PM MJUT 108 CRDER

THANK YOU FOR SHOPPING AT HDPC  
HOBO 25  
8716 S CIGERO  
OAK LAWN, IL  
(708) 428-4656

HOBO 25  
8716 S CICERO  
OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: ELEANOR WEBB  
9761 DREXEL

CUSTOMER: 53634

JOB: 000

TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/22/18 4:56

CLERK: MJUT

TERMINAL: 108

CHICAGO IL 60628 773-375-7279 REFERENCE: K\* KWC VAN WHITE EW1  
SHIP TO: ELEANOR WEBB

ORDER: 302374/R

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOKW	SPECIAL ORDER KWP CHOICE Kountry Wood Select Custom Kitchen Cabinets are SPECIAL ORDER. Cancellations within 48 hours are subject to a mandatory 10% restocking fee. After 48 hours absolutely no cancellations or returns will be accepted. Any modifications / alterations to the design may be subject to an additional charge and delay estimated delivery. Free delivery available within the		1458.03	/EA	1,458.03

CONTINUED...





PAGE NO: 2

HOBO 25  
8716 S CICERO  
OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO:  
ELEANOR WEBB  
9761 DREXEL

CUSTOMER: 53634  
JOB: 000  
TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/22/18 4:56  
CLERK: MJUT  
TERMINAL: 108

CHICAGO IL 60628 REFERENCE: K\* KWC VAN WHITE EW1  
SHIP TO: ELEANOR WEBB

ORDER: 302374/R

QUANTITY	UIM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			Chicago and Milwaukee metro areas subject to a minimum purchase of four cabinets. Please allow 4-6 weeks for delivery. See design contract for additional terms and conditions. DEDUCT: \$ 291.61 FOR 20% OFF PROMO KOUNTRY WOOD % OFF DISCOUNT CREDIT RETURN CABINET DELIVERY CHARGE CUSTOMER: ELEANOR WEBB TEL: 773-375-7279				
-1	EA	SOKW % OFF			291.61	/EA	-291.61 R
1	EA	CABDEL			59.99	/EA	59.99
CONTINUED...							



PAGE NO: 3

HOBO 25  
8716 S CICERO  
OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: ELEANOR WEBB  
9761 DREXEL

CUSTOMER: 53634 JOB: 000  
TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/22/18 4:56  
CLERK: MJUT  
TERMINAL: 108

SHIP TO: CHICAGO IL 60628

REFERENCE: K\* KWC VAN WHITE EW1

SHIP TO: ELEANOR WEBB

ORDER: 302374/R

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION	
			ADDRESS: 9761 DREXEL CHICAGO, IL 60628 DESIGNER: ERIK					
							TAXABLE	1226.41
							NON-TAXABLE	0.00
							SUB-TOTAL	1226.41
							TAX AMOUNT	119.57
							<b>TOTAL</b>	<b>1345.98</b>

DEPOSIT AMT 1345.98  
BALANCE DUE 0.00

BANKCARD PAYMENT

1345.98

TAX AMOUNT  
**TOTAL**

119.57  
**1345.98**

BKCRD# XXXXXXXXXXXXX1942  
MID: 324190461990  
APP: 390398  
XR: 302388

*Eleanor Webb*



THANK YOU FOR SHOPPING AT HOBO  
HOB0 25  
8716 S CICERO  
OAK LAWN, IL  
(708) 423-4656

09/22/18 4:58PM MJUT 108 ORDER

SUB-TOTAL:\$ 899.00 TAX: \$ .00  
TOTAL: \$ 899.00  
BC AMT: \$ 899.00

EK CARD#: XXXXXXXXXXXX1942  
MID: 324190451990  
AUTH: 361030 AMT: \$ 899.00  
Host reference #:302394 Bat#

Authorizing Network: VISA

Chip Read  
CARD TYPE:VISA EXPR: XXXX  
AID : A0000030031010  
TVR : 8060003000  
IAD : 06010A03602000  
TSI : 6800  
ARC : 00  
MODE : Issuer  
CVM :  
Name : VISA DEBIT  
ATC :001A  
AC : 4A48E0ABB661C588  
TxnID/ValCode: 091985

Bank card USD\$ 899.00  
DEPOSIT : 899.00



HOBO 25  
8716 S CICERO  
OAK LAWN, IL

PHONE: (708) 423-4656

DATE / TIME: 9/22/18 4:58  
CLERK: MJUT  
TERMINAL: 108

CUSTOMER: 53634 JOB: 000  
TERMS: CASH/CHECK/BANKCARD

SHIP TO: ELEANOR WEBB  
9761 DREXEL

CHICAGO IL 60628 REFERENCE: K\* SUPREME INSTALL EW1

SHIP TO: ELEANOR WEBB

# ORDER: 302381/R

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION	FT
1	EA	SOSI	SPECIAL ORDER SUPREME INSTALLS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. CUSTOMER: ELEANOR WEBB TEL: 773-375-7279 ADDRESS: 9761 DREXEL CHICAGO, IL 60628 DESIGNER: ERIK		899.00	/EA	899.00	

TAXABLE	0.00
NON-TAXABLE	899.00
SUB-TOTAL	899.00
TAX AMOUNT	0.00
<b>TOTAL</b>	<b>899.00</b>

DEPOSIT AMT 899.00  
BALANCE DUE 0.00

BANKCARD PAYMENT

BKCRD# XXXXXXXXXXXXX1942  
MID: 324190461990  
APP 361030 XR 302394



*E. Webb*



Countertop Form A

# ORDER CONTRACT

Thank you for your countertop purchase at HOBO.  
We have contracted with a vendor and fabricator to furnish the products for your project.

Please read the contract below. If you have any questions, please address them with your salesperson prior to signing this document.

**PURCHASER INFORMATION**

NAME	ELEANOR WEBB
ADDRESS	9761 DREXEL
CITY	CHICAGO
PHONE	773-375-7279
ALT PHONE	
EMAIL	0

**GENERAL INFORMATION**

SLSP	Erik Wroble
DATE	9/22/2018
VENDOR	EKD
VDR CONTACT	
NEW CABINETS? CABINET SET ETA? NOTES	NEW CABS HAVE TO BE SET

HOBO WILL ARRANGE FOR THE VENDOR LISTED ABOVE TO COMPLETE (purchaser to initial all applicable)

- Measurement for fabrication and installation of the countertops
- Delivery of the countertops
- Installation of the countertops

Purchaser to initial below

This vendor listed above will be contacting you within four (4) business days to make arrangements to complete measurements, delivery and/or installation as marked above. This lead time for scheduling work may be effected by holidays, weekends and sales volume.

Material is ordered immediately for your project. A 5% cancel order fee will apply if your order is cancelled prior to measurements by the vendor and viewing of slabs.

Our estimate / order is based upon dimensions provided by you. Our vendors commonly find that the dimensions are slightly different upon measurement by the vendor. Any increase in measurements will cause an increase in the price of your countertops, and that increase must be paid by you prior to the fabrication of your countertops.

Your cabinets MUST BE SET prior to measurement by the vendor, otherwise additional trip charges will be incurred for follow-up appointments. And adult must be present at time of measurement and installation by the vendor.

This vendor will only install purchased countertops. Your purchase does not include any additional labor or materials such as cabinetry, plumbing, electrical, flooring, drywall, or painting.

THESE COUNTERTOPS ARE CUSTOM MADE FOR YOUR PROJECT AND ARE NOT RETURNABLE FOR ANY NON-WARRANTY REASON.

HOBO AND ITS OWNERS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY ERRORS, DAMAGE OR DEFECTS DURING MEASUREMENT, DELIVERY, AND/OR INSTALLATION OF PRODUCTS PURCHASED UNDER THIS ORDER CONTRACT

After today, please maintain contact with the vendor, and the vendor will handle any questions about measurements, delivery, installation, product issues, and/or warranty claims. The phone number for the vendor is listed below.

**CONTACTS & REQUIRED FORMS**

- SENSА / PARAMOUNT (STONE SYSTEMS) - (847) 566-2277      FORMS A-B-C-D
- SILESTONE / ECO (STONE SYSTEMS) - (847) 566-2277      FORMS A-B
- LAMINATE- ILL(847) 451-9300 WIS(414) 352-7870      FORMS A-B
- COUNTERTOP FACTORY (630) 458-0474      FORMS A-B

I have read and understand the above. By signing this document, I am in complete acceptance and understand what is being ordered for my project.

E. Webb      9/27/18  
Purchaser Signature      Date

[Signature]      9/22/18  
Sales Associate Signature      Date

**PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS**



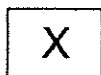
HOBO #21  
800 S. 108th  
West Allis, WI  
PH. (414) 302-4625  
FX. (414) 302-4630



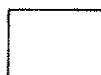
HOBO #23  
1693 Plainfield Rd  
Crest Hill, IL  
PH. (615) 730-8340  
FX. (615) 730-0287



HOBO #24  
2650 Bokshire Rd  
Waukegan, IL  
PH. (847) 263-1512  
FX. (847) 360-9616



HOBO #25  
8716 S. Cicero Ave  
Oak Lawn, IL  
PH. (708) 423-4656  
FX. (708) 423-5058



HOBO #26  
330 W. Norm Ave  
Villa Park, IL  
PH. (630) 833-3290  
FX. (630) 758-0915



HOBO #27  
3545 S. 27th St  
Milwaukee, WI  
PH. (414) 643-1226  
FX. (414) 643-1715

# Northern District of Illinois Claims Register

[18-30056 OL Enterprises LLC](#)

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

<i>Creditor:</i> (27242121) ELEANOR WEBB 9761 DREXEL CHICAGO, IL 60628	<b>Claim No: 3</b> <i>Original Filed</i> Date: 11/16/2018 <i>Original Entered</i> Date: 11/19/2018	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Felipe Roman <i>Modified:</i>
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Amount claimed: \$2883.16

*History:*

[Details](#) [3-1](#) 11/16/2018 Claim #3 filed by ELEANOR WEBB, Amount claimed: \$2883.16 (Roman, Felipe)

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** OL Enterprises LLC  
**Case Number:** 18-30056  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$2883.16
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		