Case 18-30056 Claim 10-1 Filed 12/14/18 Desc Main Document Page 1 of 13

Debtor 1	OL Enterprises LLC
Debtor 2 (Spouse, if filing)	
United States I	Bankruptcy Court for the: Northern District of Illinois - Eastern Div
Case number	18-30056

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

DEC 1 4 2018

JEFFREY P. ALLSTEADT, CLERK

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.

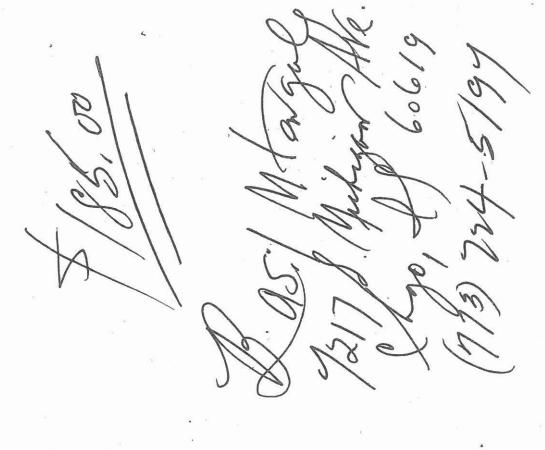
G	art 1: Identify the C	laim			
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair		le	
2.	Has this claim been acquired from someone else?	M No ☐ Yes. From whom?			
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Racil Mtenaule.	Where should different)	payments to the creditor	be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 7217 S. Michigan Ave.	Name		
	(FRBF) 2002(g)	Number Street Chicago IL 60619	Number St	reet	- Farmer
		City State ZIP Code	City	State	ZIP Code
		Contact phone 773-224-5197			
		Contact email huteugules @ Com Cast, net	Contact email _		
		Uniform claim identifier for electronic payments in chapter 13 (if you use	e one):		
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?			

Part 2: Give Informati	on 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?	\$ 8765:13 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 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 - Kitchen Calainets Counter Tops, Sink,
	Goods Sold - Kitchen Cabinets Counter Tops, Sink, Installations, measurements and Gift Cards.
9. Is all or part of the claim	W No
secured?	☐ 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 claim based on a	₩ No
lease?	☐ Yes. Amount necessary to cure any default as of the date of the petition.
1. Is this claim subject to a right of setoff?	₩ No
right of Seton r	☐ Yes. Identify the property:

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority
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, in some categories, the law limits the amount entitled to priority.	Up to \$2,850* of deposits toward purchase, lease, or rental of property or equices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ 8765.13
entitled to priority.	■ 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	er the date of adjustment.
Part 3: Sign Below		
The person completing	Check the appropriate box:	
this proof of claim must sign and date it.	I am the creditor.	
FRBP 9011(b).	I am the creditor's attorney or authorized agent.	
If you file this claim electronically, FRBP	 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. 	
5005(a)(2) authorizes courts to establish local rules	a guaranter, surety, stratistics, or strain societies.	
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment to amount of the claim, the creditor gave the debtor credit for any payments received toward the debtor credit for any payments.	
A person who files a fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information and correct.	
imprisoned for up to 5 years, or both.	I declare under penalty of perjury that the foregoing is true and correct.	
18 U.S.C. §§ 152, 157, and 3571.	Executed on date 12 14 2018	
	MM / DD / YYYY	
	Ban Mengule Signature	
	Print the name of the person who is completing and signing this claim:	
	Name Middle name Last name	jule
	Title NA	
	Company Identify the corporate servicer as the company if the authorized agent is a servicer.	
	Address 7217 S. Michigan Ave I Number Street 1L lenb	19
	City State ZIP Code	
	Contact phone 773-224-5197 Email Wifeingul	es e comcast. ne

Official Form 410 Proof of Claim page 3

	Case 18-30056 Claim 10-1 Filed	d 12/14/18 Desc M	lain Document P	age 4 of 13
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Exhibit B	Special Orde Counter Top Order: 26	Kitche Sin 725/8	r Cabinel	3 8314.17
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THANK YOU FOR SHOPPING AT HOBO

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URDER# 3436 /25 CUST NO:*79304

THANK YOU BASIL MTENGULE FOR YOUR PATRONAGE

I auree to bay above total amount Name :

PHONE: (708) 423-4656

TO: 7217 S. MICHIGAN

TERMS: CASH/CHECK/BANKCARD customer: *79304

60619 773-224-5197 REFERENCE: K* SUPREME MEASURE CG 1

IL 60619

CHICAGO

SHIP BASIL G MTENGULE 7217 S. MICHIGAN

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CHICAGO

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DATE / TIME: 9/ 5/17

8:28

Case 18-30056

CLERK: DBRA TERMINAL: 108 ORDER: 3436

Claim 10-1

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BALANCE DUE **DEPOSIT AMT**

185.00

BANKCARD PAYMENT

BKCRD# XXXXXXXXXX1009 MID: 324190461990

APP: 882956

185.00

TAX AMOUNT

TOTAL

185.00

Page 6 of 13

185.00 185.00 0.00

NON-TAXABLE SUB-TOTAL

AXABLE

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648.27 8314.17 8314.17

TOTAL: \$

8314.17

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CK#005043 ABA#

SUB-TOTAL:\$ 7665.90

ORDER# 26725 /25 NO: *79305

Customer Copy

ALL RETURNS ALD EXCHANGES MUST BE IN HOBO RESERVES THE RIGHT TO DENY ANY FIGINAL CONDICTON IN FACTORY SEALED RETURN OR EXCHANGE AND MAY REQUEST RECEIPT WITHIN 30 DAYS OF CARTON AND COOMPANIED BY ORIGINAL REGIST PURCHA

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- Text BARGAIN to 555886 to join the PLEASE SEE FULL RETURN POLICY FOR ADDITIONAL EXCLUSIONS / LIMITATIONS Sargain Squad and receive exclusive Prefits and Savings:!! NON-REPLACEABLE. aubsoribe

SHOPPING AT HOBO

708) 423-4656

6:27PK LIGER

10/05/17

OAK LAWN, IL

(Fx 1. 168 of 25 8716 S CICERO OAK LAWN, IL

PHONE: (708) 423-4656

To: 7217 S MICHIGAN

customer: *79305

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CHICAGO

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DATE / TIME: 10/ 5/17

6:28

Case 18-30056

CLERK: LGER TERMINAL: 108

60619 773-224-5197 REFERENCE: K* KWC CLASSIC MPLE VINT CG 1

CHICAGO

TO: 7217 S MICHIGAN

IL 60619

ORDER: 26725 /R

Claim 10-1

Filed 12/14/18

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DESCRIPTION	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
ITEM	1 EA SOKW					*******								
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PAGE NO: 2

OAK LAWN, IL

PHONE: (708) 423-4656

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TERMS: CASH/CHECK/BANKCARD CUSTOMER: *79305

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DATE / TIME: 10/ 5/17

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Case 18-30056

CLERK: LGER TERMINAL: 108

60619 773-224-5197 REFERENCE: K* KWC CLASSIC MPLE VINT CG 1

Claim	10-1		Fi	le	d 1	2/1	L4/	18]	Des	sc I	Ма	in	Do	cu	me	nt
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-//3-224-5197 REFERENCE: K* KWC CLASSIC MPLE VINT CG 1		DECORIGINA	DESCRIPTION	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.	KOUNTRYWOOD CHOICE CABINETS DOOR	STYLE CLASSIC WOOD SPECIES MAPIF	COLOR VINTAGE	HONORING AD912 20% DISCOUNT	QUOTED ON 9-18-2017 GOOD FOR	30DAYS PRICING SAVINGS OF	\$977.99
VGULE HIGAN	IL 60619	TEM															
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Page 9 of 13

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PAGE NO: 3

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PHONE: (708) 423-4656

TO: 7217 S MICHIGAN

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TERMS: CASH/CHECK/BANKCARD CUSTOMER: *79305

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60619 773-224-5197 REFERENCE: K* KWC CLASSIC MPLE VINT CG 1

IL 60619 CHICAGO

TO: 7217 S MICHIGAN

ORDER: 26725 /R

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PHONE: (708) 423-4656

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TO: 7217 S MICHIGAN

TERMS: CASH/CHECK/BANKCARD CUSTOMER: *79305

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		CURRENT MARKET PRICE.				
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PAGE NO: 5

ととがあれる OAK LAWN, IL

PHONE: (708) 423-4656

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CHICAGO

TO: 7217 S MICHIGAN

IL 60619

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TERMS: CASH/CHECK/BANKCARD сизтомек: *79305

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DATE / TIME: 10/ 5/17

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Case 18-30056

CLERK: LGER

TERMINAL: 108

60619 773-224-5197 REFERENCE: K* KWC CLASSIC MPLE VINT CG 1

Claim 10-1

ORDER: 26725 /R

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EVTENION.	179.99	
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0010		
DESCRIPTION	* KIT FAUCET BRIDGE W/SPRAY SN MFG part# KS1278ALBS UPC # 663370034831	
ITEM	EA 1226347	
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8314.17

BALANCE DUE **DEPOSIT AMT**

CHECK PAYMENT CK# 5043

8314.17

TAX AMOUNT TOTAL

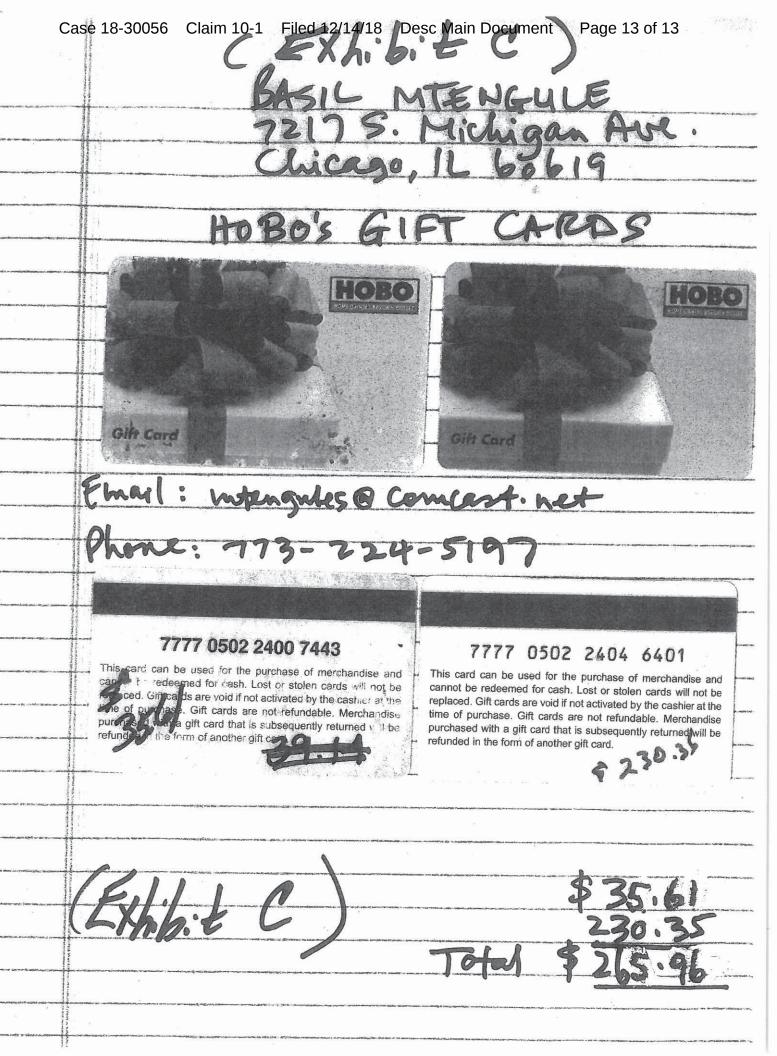
648.27

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6648.90 1017.00 7665.90

NON-TAXABLE SUB-TOTAL

TAXABLE



Northern District of Illinois Claims Register

18-30056 OL Enterprises LLC

Honorable Judge: Jacqueline P. Cox Chapter: 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27242048) <u>History</u> Claim No: 10 Status: BASIL & SANDRA MTENGULE Original Filed Filed by: CR

7217 S. MICHIGAN AVE. Date: 12/14/2018 Entered by: Shante Boyd

CHICAGO, IL 60619 Original Entered Modified:

Date: 12/17/2018

Amount claimed: \$8765.13 Priority claimed: \$8765.13

History:

Details 10-1 12/14/2018 Claim #10 filed by BASIL & SANDRA MTENGULE, Amount claimed: \$8765.13

(Boyd, Shante)

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

Total Amount Claimed*	\$8765.13
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	\$8765.13	
Administrative		