

Fill in this information to identify the case:

Debtor 1 OL Enterprises LLCDebtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30056

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN -2 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?

Systems Equipment Service, 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?

Systems Equipment Service, Inc.

Name

4314 166th Street

Number

Street

Oak Forest, IL. 60452

City

State

ZIP Code

Contact phone (708) 535-1273Contact email dlynn0616@hotmail.com

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?

☒ 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? \$ 2,706.26 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.

Services/repair

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:

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).

\$ _____

☐ 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).

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 12/26/2018
MM / DD / YYYY


Signature

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

Name Robert E. Otterbacher
First name Middle name Last name

Title President

Company Systems Equipment Service, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4314 166th Street
Number Street

Oak Forest IL 60452
City State ZIP Code

Contact phone (708) 535-1273 Email dlynn0616@hotmail.com

2:28 PM

Systems Equipment Services, Inc.

12/19/18

Open Invoices

As of December 19, 2018

Type	Date	Num	P. O. #	Terms	Due Date	Class	Aging	Open Balance
Home Owners Bargain Outlet/Oak Lawn/\$85								
Toyota s/n 67343								
Invoice	09/28/2018	20144	B. Rapp	Net 10	10/08/2018	HOB0	72	127.50
Invoice	10/16/2018	20184	Bill	Net 10	10/26/2018	HOB0	54	2,578.76
Total Toyota s/n 67343								2,706.26
Total Home Owners Bargain Outlet/Oak Lawn/\$85								2,706.26
TOTAL								2,706.26

4314 W. 166th Street
Oak Forest IL 60452

Invoice

DATE	INVOICE #
10/16/2018	20184

BILL TO
Home Owners Bargain Outlet ATTN: A/R - Janet Sutton 2650 Belvedere Road Waukegan, IL. 60085

EQUIPMENT LOCATION
Home Owners Bargain Outlet 8716 S. Cicero Ave. Oak Lawn, IL. 60453

P.O. NO.	TERMS	REP	PROJECT
Bill	Net 10	JAV	Toyota s/n 67343

DESCRIPTION	QTY	RATE	AMOUNT
Toyota Model 7FGCU30 s/n: 67343			
Steam clean unit. Engine blowing white smoke from exhaust; excessive pressure building in radiator - troubleshoot. Found blown head gasket. Remove cylinder head and send out for repair. Reinstall repaired cylinder head. Tune-up unit. Replace upper and lower radiator hoses. Change engine oil and filter along with air filter. Adjust as needed and test operate. Found starter working intermittantly. Remove and replace starter. Return unit to Customer.	16	85.00	1,360.00
Cylinder head repair	1	395.00	395.00
Head gasket set	1	173.66	173.66
Lower radiator hose	1	12.78	12.78
Upper radiator hose	1	21.31	21.31
Bypass hose	1	28.99	28.99
Thermostat	1	18.35	18.35
Tune up kit	1	60.21	60.21
Air filter	1	17.90	17.90
50/50 Red Anti-Freeze	2	9.00	18.00
10W30 motor oil	4	4.95	19.80
Top Mount terminal	2	3.88	7.76
Starter	1	195.00	195.00
Cartage	1	250.00	250.00
Total			\$2,578.76

SYSTEMS EQUIPMENT SERVICES, INC.

4314 W. 166th Street
Oak Forest, Illinois 60452
Phone: (708) 535-1273 • Fax: (708) 535-1465

- ☐ EMERGENCY SERVICE ☐ RENTAL TRUCK
☐ PM SERVICE ☐ CUSTOMER DAMAGE
☒ CUSTOMER TRUCK ☐ POSSIBLE WARRANTY

RECORD OF MATERIAL USED —

QTY.	PART NO.	DESCRIPTION	UNIT PRICE	PRICE
1	R/R	Cyl. Head		375.00
1	HS 941713	Carter Fil		
1	TY16512-23340-71	Hose		
1	TY16511-23340-71	Hose		
1	TY16227-8154-71	Hose		
1	30916-03980-71	Thermo		
1	E107123	Rocket		
1	TY1748-42230-71	M/FILTR		
1	Red	Hot Tag		
1	10030	M/OIL		
2	ET3600-7	Termint		
1	TY28100-26533-71	STPTR		
PARTS TOTAL				
SALES TAX				
TOTAL				

WORK PERFORMED AT:	DATE
SEES - Shop	10-2-18
	MAKE
	7040TA
	MODEL
	7 Fec 430
	SERIAL NO.
	67343
	HOUR METER READING
	9238.1
	MECHANIC NAME
	Shop
	NO.

INVOICE TO:

DATE: 10/2/18
P.O. NUMBER: B.L.L.
REL. NO.

DESCRIPTION OF SERVICES PERFORMED

REMARKS: STEPHEN CLEAN TRUCK. EXHIBIT BLADING WHITE SMOKE FROM EXHAUST BUILDING EXCESSIVE PRESSURE AND RADIATOR. CHECK OUT. FOUND BLEND HEAD GASKET. REMOVE CYLINDER HEAD & SEND OUT FOR REPAIR. — REINSTALL CYLINDER HEAD. TUNE-UP, REPAIR & OPEN ROVER RADIATOR HOSES. CHANGE EXHIBIT OIL & FILTER. REPLACE AIR FILTER. MAKE ALL NECESSARY ADJUSTMENTS. TEST OPERATOR. FOUND STARTER INTERMITTENTLY WORKING. REPAIR STARTER.

- ☐ WORK COMPLETED
☐ TEMPORARY REPAIRS — OK FOR LIMITED USE UNTIL PROPER REPAIRS ARE COMPLETED
☐ INCOMPLETE — DO NOT USE UNIT UNTIL REPAIRS ARE COMPLETED
☐ CAUTION — THIS UNIT SHOULD NOT BE USED DUE TO UNSAFE CONDITION

ADDITIONAL WORK & PARTS REQUIRED

- ☐ APPROVED ☐ DISAPPROVED ☐ WILL ADVISE ☐ NEEDS QUOTE SIGNATURE

TIME ARRIVED _____ TIME LEFT _____ HOURS

TOTAL HOURS 16 x _____ /HR = _____

RECEIVED BY:

PARTS TOTAL _____
CARTAGE 256.00
LABOR TOTAL _____
TOTAL _____

WORK ORDER

SALES TAX
TOTAL

20184

WRIGHT BILL OF LADING - SHORT FORM

Date 10-16-18

Bill of Lading No.

Original - Not Negotiable

Systems Equipment Inc

Shipper No.

(Name of Carrier)

Carrier No.

TO: Consignee
 Street 4314 W 166th St
 Destination Oak Forest, IL Zip Code
 Route BULL

FROM: Shipper
 Street 8716 S Cicero
 Origin Oak Lawn, IL Zip Code

No. Shipping Units

Kind of Packaging, Description of Articles, Special Marks and Exceptions

SCAC

Weight (Subject to Correction)*

Rate or Class

CHARGES

Pick-up lower

#735 NISSAN CPJ02A25PV S/N 9w2364

Bile Rapp 10/16

FROM C.O.D. TO ADDRESS

NO. OF UNITS

C.O.D. TO: ADDRESS

CHARGES

TOTAL

If the shipment moves between two points by a carrier by water, the law requires that the bill of lading show whether weight is correct or subject to weight.

When shipped by water, shippers are required to state specifically in writing the amount of weight of the property or declared value of the property by the shipper to be not exceeding

Subject to Section 7 of the regulations, if the shipment is to be delivered to the consignee's premises, the carrier shall not make delivery of the shipment without payment of freight and charges.

Check Appropriate Box:
☐ Freight prepaid
☐ Collect

Registration of Transport

Notwithstanding to the contrary, the liability of the carrier for loss of or damage to the property shall be limited to the amount of the freight and charges actually paid for the property, unless the carrier has agreed in writing to insure the property for a greater amount. If the carrier has agreed to insure the property for a greater amount, the carrier shall be liable for the full amount of the loss or damage to the property, unless the carrier has agreed in writing to limit its liability to a lesser amount. The carrier shall be liable for the full amount of the loss or damage to the property, unless the carrier has agreed in writing to limit its liability to a lesser amount.

Notwithstanding to the contrary, the liability of the carrier for loss of or damage to the property shall be limited to the amount of the freight and charges actually paid for the property, unless the carrier has agreed in writing to insure the property for a greater amount. If the carrier has agreed to insure the property for a greater amount, the carrier shall be liable for the full amount of the loss or damage to the property, unless the carrier has agreed in writing to limit its liability to a lesser amount.

Date of Issue

Date of Issue

4314 W. 166th Street
Oak Forest IL 60452

Invoice

DATE	INVOICE #
9/28/2018	20144

BILL TO
Home Owners Bargain Outlet ATTN: A/R - Janet Sutton 2650 Belvedere Road Waukegan, IL. 60085

EQUIPMENT LOCATION
Home Owners Bargain Outlet 8716 S. Cicero Ave. Oak Lawn, IL. 60453

P.O. NO.	TERMS	REP	PROJECT
B. Rapp	Net 10	JAV	Toyota s/n 67343

DESCRIPTION	QTY	RATE	AMOUNT
Toyota Model 7FGCU30 s/n: 67343 Lift is smoking. Test/inspect engine and cooling systems and components. Found head gasket is leaking and starter has an internal short. Advise Company of needed repairs. Rick B.	1.5	85.00	127.50
Total			\$127.50

SYSTEMS EQUIPMENT SERVICES, INC.

4314 W. 166th Street
Oak Forest, Illinois 60452
Phone: (708) 535-1273 • Fax: (708) 535-1465

- ☐ EMERGENCY SERVICE ☐ RENTAL TRUCK
☐ PM SERVICE ☐ CUSTOMER DAMAGE
☒ CUSTOMER TRUCK ☐ POSSIBLE WARRANTY

RECORD OF MATERIAL USED —

QTY.	PART NO.	DESCRIPTION	UNIT PRICE	PRICE
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DESCRIPTION OF SERVICES PERFORMED

REMARKS: *Lift is Smoking*

*Found Head Gasket is leaking & Starter has a Internal Short
Traveled to Customer and Opened Lift for Repair
Tested & Inspected Engine and Cooling Systems and Components
3) Advised Company About Needed Repairs and Contacted Supervisor*

- ☐ WORK COMPLETED
☐ TEMPORARY REPAIRS — OK FOR LIMITED USE UNTIL PROPER REPAIRS ARE COMPLETED
☒ INCOMPLETE — DO NOT USE UNIT UNTIL REPAIRS ARE COMPLETED
☐ CAUTION — THIS UNIT SHOULD NOT BE USED DUE TO UNSAFE CONDITION

ADDITIONAL WORK & PARTS REQUIRED

INVOICE TO:		WORK PERFORMED AT:		DATE
		<i>8716 So. Cicero Ave, Oak Lawn, Ill.</i>		<i>9-26-18</i>
P.O. NUMBER	REL. NO.	MECHANIC NAME	NO.	
		<i>Rick Beeson</i>		
SERIAL NO.		MAKE		
<i>67343</i>		<i>Toyota</i>		
HOUR METER READING		MODEL		
<i>9237</i>		<i>7FGCU30</i>		
UNITS NO.		UNIT NO.		
		<i>NA.</i>		

18-30056
SC. BOLTS, WIRES, FUSES, ETC.

WORK ORDER

SALES TAX

TOTAL

- ☐ APPROVED ☐ DISAPPROVED ☐ WILL ADVISE ☐ NEEDS QUOTE SIGNATURE

TIME ARRIVED

TIME LEFT

HOURS

TOTAL HOURS

TRAVEL TIME

/HR =

RECEIVED BY: *[Signature]*

PARTS TOTAL	
CARTAGE	
LABOR TOTAL	
TOTAL	

20144

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: (27240985)
SYSTEMS EQUIPMENT
SERVICE, INC
dba SYSTEMS EQUIP
LEASING
4314 W 166TH STREET
OAK FOREST, IL 60452

Claim No: 16
Original Filed
Date: 01/02/2019
Original Entered
Date: 01/02/2019

Status:
Filed by: CR
Entered by: Kimetha Collier
Modified:

Amount claimed: \$2706.26

History:

[Details](#) [16-1](#) 01/02/2019 Claim #16 filed by SYSTEMS EQUIPMENT SERVICE, INC, Amount claimed: \$2706.26 (Collier, Kimetha)

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*	\$2706.26
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		