

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS

JAN - 3 2019

JEFFREY P. ALLSTEADT, CLERK
 TEAM - CA

Fill in this information to identify the case:

Debtor 1 OL Enterprises LLC

Debtor 2 _____
 (Spouse, if filing)

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

Case number 18-30056

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?

MAC Sales Group, Inc.
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor MAC Wholesale

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?

MAC Sales Group
 Name
P.O. Box 480
 Number Street
East Bridgewater MA 02333
 City State ZIP Code
 Contact phone 508-378-3500
 Contact email mac@macwholesale.net

Where should payments to the creditor be sent? (if different)

Same
 Name
 Number Street
 City State ZIP Code
 Contact phone Same
 Contact email Same

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? \$ 458.⁰⁰ 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:

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 12/28/2018
MM / DD / YYYY


Signature

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

Name Richard T. Mackay
First name Middle name Last name

Title C.O.O. MAC Sales Group

Company MAC Sales Group
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P.O. Box 480
Number Street

East Bridgewater, MA 02333
City State ZIP Code

Contact phone 508-278-3520 Email _____

rmackay@macwholesale.net



Invoice

MAC SALES GROUP INC
 PO Box 480
 East Bridgewater, MA 02333

Invoice #	Date
46864	6/1/2018

Terms	Due Date
Net 30	7/1/2018

Bill To HOBO 47
 2650 Belvidere Road
 Waukegan, IL 60085

Ship To HOBO 25
 8716 S Cicero
 Oak Lawn, IL 60453

P.O. Number	Rep	F.O.B.
R000018023	AM	MA

Item#	UPC	SKU	Description	Quantity	Price	Amount
84026		1244580	3D TMNT DONATELLO LIGHT	12	5.00	60.00
6000331		1244581	RAPUNZEL PRINCESS BALCONY	15	5.00	75.00
1600431	816733001159	1244582	FOOTBALL	15	3.00	45.00
84010		1244583	FIGHTER JET	12	4.00	48.00
84007		1244584	SPORTS CAR	15	4.00	60.00
H207678021000	889526042967	1244585	BIRD FINIAL PORCELAIN LUMINARY W/ PEDESTAL	18	5.00	90.00
H207678171000	889526042974	1244586	BIRD FINIAL PORCELAIN LUMINARY W/ PEDESTAL	8	5.00	40.00
H207678116000	889526042950	1244587	BIRD FINIAL PORCELAIN LUMINARY W/ PEDESTAL	8	5.00	40.00
			TOTAL	103		458.00
Total						\$458.00

Make all checks payable to: **MAC Wholesale, Inc.**

If you have any questions concerning this invoice, contact Dick MacKay, 508-378-3500

THANK YOU FOR YOUR BUSINESS!



HOBOb 25
8716 S CICERO
OAK LAWN, IL
(708) 423-4656

SHIP TO: HOBOb 25
8716 S CICERO
OAK LAWN, IL

TO: MAC SALES GROUP, INC.
140 LAUREL ST.
PO BOX 480
E BRIDGEWATER MA 02333
PHONE: (508) 378-3500
FAX : (508) 378-3522

**PURCHASE
ORDER**

P.O. #: R000018023
Store : 25

Order Date: 5/10/18
Date Due : 5/24/18
Alt. PO # :
Order Type: NORMAL
Buyer : JMKC

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS			
MA100		F	N	HTR		HOB		NET 30 DAYS			
LINE#	STORE	QTY	ORD	ITEM/SKU NUMBER	DESCRIPTION	MF#	SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
BILL TO: HOBOb 2650 BELVIDERE RD WAUKEGAN, IL 60085											
HOBOb TO ROUTE. EMAIL DISPATCH@HOBObONLINE.COM TO REQUEST A ROUTING FORM.											
1	25	15		1244580	* DONATELLO NIGHT LIGHT	84026			5.00	EA	75.00
2	25	15		1244581	* REPUNZEL NITE LIGHT	6000331			5.00	EA	75.00
3	25	15		1244582	* FOOTBALL NITE LIGHT	1000431			3.00	EA	45.00
4	25	15		1244583	* FIGHTER JET NITE LIGHT	84010			4.00	EA	48.00
5	25	15		1244584	* SPORTS CAR NITE LIGHT	84007			4.00	EA	60.00
6	25	15		1244585	* 15" CREAM BIRD LAMP W/	H20768021000			5.00	EA	90.00
7	25	18		1244586	* 15" ROSE BIRD LAMP W/	H207678171000			5.00	EA	60.00
8	25	12		1244587	* 15" SAGE BIRD LAMP W/	H207678116000			5.00	EA	40.00
TOTAL UNITS										110	
TOTAL COST											493.00
TOTAL FREIGHT											.00
OTHER CHARGES											.00
TOTAL P.O.											493.00

P.O. Approved By: _____

Date: _____

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):**

<p><i>Creditor:</i> (27239855) MAC SALES GROUP, INC. 140 LAUREL ST. PO BOX 480 E BRIDGEWATER, MA 02333</p>	<p>Claim No: 21 <i>Original Filed</i> Date: 01/03/2019 <i>Original Entered</i> Date: 01/04/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Kimetha Collier <i>Modified:</i></p>
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Amount claimed: \$458.00

History:

[Details](#) [21-1](#) 01/03/2019 Claim #21 filed by MAC SALES GROUP, INC., Amount claimed: \$458.00 (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*	\$458.00
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		