

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

Debtor 1 <u>OL Enterprises LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30056</u>

FILED  
 U.S. Bankruptcy Court  
 Northern District of Illinois  
 2/22/2019  
 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.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>Kathleen Newton</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  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>Kathleen Newton</u>	_____
	Name	Name
	<u>4845 W 92nd ST Oak Lawn, IL 60453</u>	_____
	Contact phone <u>3126237161</u>	Contact phone _____
	Contact email <u>lamantia22@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>28</u> Filed on <u>01/25/2019</u> MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? <u>Kathleen Newton</u>	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ 168469.18</p> <p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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 healthcare information.                  Unpaid medical bills on health insurance premiums paid by employee but converted by debtor lapsing insurance.</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ 168469.18
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/19 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 2/22/2019  
MM / DD / YYYY

/s/ John LaMantia

Signature

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

Name John LaMantia  
First name Middle name Last name

Title \_\_\_\_\_

Company LaMantia Law Associates

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

Address 165 N. Canal Street  
Number Street  
Unit 724, IL 60606  
City State ZIP Code

Contact phone 3126237161 Email lamantia22@gmail.com

## LAMANTIA LAW ASSOCIATES

165 N. CANAL STREET, SUITE 724  
CHICAGO, ILLINOIS 60606  
TEL. (312) 623-7161  
LAMANTIA22@GMAIL.COM

January 29, 2019

Via Regular Mail and Hand Delivery

Jonathan Friedland  
Sugar, Felsenthal, Grais & Helsinger, LLP  
30 N. LaSalle Street, Suite 300  
Chicago, Illinois 60602

<b>RE:</b>	<b>Our Client:</b>	<b>Kathy Newton</b>
	<b>Insurance:</b>	<b>Cigna/Paradigm Health</b>
	<b>Insurance ID:</b>	<b>P89959555</b>
	<b>Group:</b>	<b>PA011</b>

Dear Mr. Friedland,

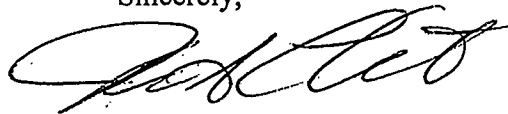
Please be advised that our office has been retained as attorneys to represent Ms. Kathy Newton with regard to unpaid medical bills under the above Insurance ID and Group that OL Enterprises, LLC d/b/a HOB0 was supposed to be paying with insurance premiums deducted from our client's payroll.

Ms. Newton was an employee at HOB0 in Oak Lawn whose insurance premiums were deducted for health insurance under the Cigna/Paradigm Health plan identified above. More than \$168,000 in medical bills have been denied insurance coverage by Paradigm. Paradigm has informed our office that your client intentionally failed to pay health insurance premiums and converted the deductions taken from employee's payroll.

This is formal notice that claims are made against OL Enterprises, LLC for all medical expenses for 2017-2018 for Kathy and Greg Newton in the total amount of \$168,000. Itemized billing statements will be forwarded at your request.

Please reply to this correspondence to indicate your client's position on paying the outstanding medical bills within 21 (twenty-one) days from the date of this correspondence. If we do not hear from you, we may have no choice but to file suit to protect our client's interest and to notify the Illinois Attorney General, Illinois Department of Labor, Illinois State's Attorney and Illinois Department of Insurance about potential fraudulent conversion and other conduct relating to our client's insurance payments. Please feel free to call me at (312) 623-7161 to discuss.

Sincerely,



John S. LaMantia  
Attorney for Mrs. Newton

## Account Details

### Balance Summary

<p><b>Outstanding Balance</b></p> <p>\$168,469.16</p>	<p>Can't pay all at once? Set up a payment plan and pay \$84,234.58 a month.</p>
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### Guarantor Demographics

*Account Number #1570095*

**NEWTON, GREGORY**

Address:  
 4845 W 92ND ST  
 OAK LAWN IL 60453-1721

Home Phone:  
 708-227-6970

Mobile Phone:  
 708-227-6970

### Outstanding Balance

0-30 days	31-60 days	61-90 days	91-120 days	Over 120 days	Total
\$164,161.16	\$0.00	\$4,308.00	\$0.00	\$0.00	\$168,469.16

### Outstanding Accounts

**Patient: Gregory Newton**

Description	Charges	Payments/ Adjustments	Insurance Balance	Patient Balance
-------------	---------	--------------------------	----------------------	--------------------

Hospital Services	2,112.00	-946.17	1,165.83	0.00
<hr/>				
Rad Gi Cysto Visit at Radiology-GI-DCAM with Scott E Eggener, M.D. from Apr 17, 2018 to Apr 19, 2018			Account #2002419112	
Hospital Services	2,112.00	-946.17	1,165.83	0.00
<hr/>				
Rad Ct Adult No Port Visit at Radiology-CT-MITCHELL on Jun 29, 2018			Account #2002761208	
Hospital Services	6,099.00	-3,640.94	2,458.06	0.00
<hr/>				
Hospital Encounter at Pulmonary Procedure Unit on Jul 5, 2018			Account #2002761287	
Hospital Services	33,949.54	-25.00	0.00	33,924.54
<hr/>				
Rad Ct Chest Abd Visit at Radiology-CT-DCAM on Aug 17, 2018			Account #2002881729	
Hospital Services	12,270.00	0.00	0.00	12,270.00
<hr/>				
Pre Op Visit at Department of Anesthesia and Critical Care on Aug 17, 2018			Account #5004935340	
Professional Services	668.00	0.00	0.00	668.00
<hr/>				
Rad Ct Chest Abd Visit at Radiology-CT-DCAM with Heber MacMahon, M.D. from Aug 17, 2018 to Aug 19, 2018			Account #5004984038	
Professional Services	782.00	0.00	0.00	782.00
<hr/>				
Pre Op Visit at Clinical Laboratories on Aug 17, 2018			Account #5005045454	
Professional Services	100.00	0.00	100.00	0.00
<hr/>				
Admission at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018			Account #2002882042	
Hospital Services	114,399.62	0.00	0.00	114,399.62
<hr/>				
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018			Account #5004957928	
Professional Services	20,306.00	0.00	20,306.00	0.00
<hr/>				
Anesthesia Visit at UCM Parent Hospital Location on Aug 23, 2018			Account #5004980277	
Professional Services	3,690.00	0.00	3,690.00	0.00
<hr/>				
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018			Account #5004980545	
Professional Services	1,863.00	0.00	0.00	1,863.00

Professional Services	106.00	0.00	0.00	106.00
<hr/>				
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018			Account #5004996108	
Professional Services	763.00	0.00	0.00	763.00
<hr/>				
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018			Account #5005068136	
Professional Services	20.00	0.00	20.00	0.00
<hr/>				
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM on Aug 31, 2018			Account #2003049207	
Hospital Services	1,073.00	-505.38	567.62	0.00
<hr/>				
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM with Alexandra N Funaki, D.O. from Aug 31, 2018 to Sep 2, 2018			Account #5005020358	
Professional Services	63.00	0.00	0.00	63.00
<hr/>				
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM with Mark K Ferguson, M.D. from Sep 28, 2018 to Sep 30, 2018			Account #2003074920	
Hospital Services	1,073.00	-505.38	567.62	0.00
<hr/>				
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM with Heber MacMahon, M.D. from Sep 28, 2018 to Sep 30, 2018			Account #5005102992	
Professional Services	63.00	0.00	0.00	63.00
<hr/>				
Voice Evaluation Visit at Speech & Swallowing on Oct 3, 2018			Account #2003203142	
Hospital Services	3,567.00	0.00	0.00	3,567.00

Total Outstanding Balance: \$168,469.16

## Statements

Click on a row to view the statement.

Date	Amount Due
12/31/2018	\$164,927.16
11/29/2018	\$4,308.00

Date	Description	Source	Amount
01/13/2019	PATIENT PAYMENT	Check (x06694)	25.00
			<b>Total: \$25.00</b>

### Letters

Click on a row to view the letter.

Date	Account	Description
01/15/2019	2003203142	Billing Letter
01/08/2019	2002761287	Billing Letter
12/26/2018	2002761287	Billing Letter
12/10/2018	2002761287	Billing Letter
12/05/2018	2002882042	Billing Letter

There may be prorated balances on your current statement that are not included in the total.



# 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):**

<i>Creditor:</i> (27446857) Kathleen Newton 4845 W 92nd ST Oak Lawn, IL 60453	<b>Claim No: 28</b> <i>Original Filed</i> <i>Date:</i> 01/14/2019 <i>Original Entered</i> <i>Date:</i> 01/15/2019 <i>Last Amendment</i> <i>Filed:</i> 02/22/2019 <i>Last Amendment</i> <i>Entered:</i> 02/22/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i> 02/22/2019
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Amount claimed: \$168469.18

Priority claimed: \$168469.18

### *History:*

[Details](#) [28-1](#) 01/14/2019 Claim #28 filed by Kathleen Newton, Amount claimed: \$435.00 (Molina, Nilsa)

[Details](#) [28-2](#) 01/25/2019 Amended Claim #28 filed by Kathleen Newton, Amount claimed: \$435.00 (Molina, Nilsa)

[Details](#) [28-3](#) 02/22/2019 Amended Claim #28 filed by Kathleen Newton, Amount claimed: \$168469.18 (ADI, EPoc)

*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>	\$168469.18
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>	\$168469.18	
<b>Administrative</b>		

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

Debtor 1 O.L. Enterprises LLC

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

United States Bankruptcy Court for the: Parkland District of Illinois

Case number 18-30056 (18B30056)

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 JAN 25 2019

JEFFREY P. ALLSTEADT, CLERK  
 TEAM - CA 04/16

Official Form 410

**Proof of Claim**

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?  
 Name of the current creditor (the person or entity to be paid for this claim) Kathleen Newton  
 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?	Where should payments to the creditor be sent? (if different)
Name <u>Kathleen Newton</u>	Name _____
Number <u>4845</u> Street <u>W. 92nd ST</u>	Number _____ Street _____
City <u>Oak Lawn</u> State <u>IL</u> ZIP Code <u>60453</u>	City _____ State _____ ZIP Code _____
Contact phone <u>708-227-6790</u>	Contact phone _____
Contact email <u>HOCKEYJ22@gmail.com</u>	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? \$ 435. 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.  
INSURANCE NOT PAID BY COMPANY INS CO

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:

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.

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.

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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                       
MM / DD / YYYY

Kathleen J Newton  
Signature

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

Name Kathleen A Newton  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

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

Address 4845 W. 92nd St  
Number Street

Oak Lawn IL 60453  
City State ZIP Code

Contact phone 708-227-6790 Email kathleenj22@gmail.com

# Statement of Account

**EVERGREEN CARE CENTER**

Tax Id # 61-1495323

Billing Address:  
 3900 Gabrielle Ln 9130  
 Aurora IL 60598  
 Phone: (815) 846-5230

Account No.
NEWTON0003

Page #
1

KATHLEEN NEWTON  
 4845 W 92ND ST  
 OAK LAWN, IL 60453

Date
01/04/2019

Patient Name: KATHLEEN NEWTON

Date	CPT	Description	Ref	Charges	Credits
09/14/2018	PPCCARD	PATIENT PAID CREDIT CARD			-20.00
12/19/2018	IP	INSURANCE PAYMENT DENIED DOB INCORRECT DM SI			0.00
09/14/2018	99203	NEW PATIENT OFFICE VISIT	780.60	145.00	
09/14/2018	29540	POST MOLD /AIR CAST ANKLE/F		95.00	
09/14/2018	73610	ANKLE XRAY 3 VIEWS		160.00	
09/14/2018	E0114	CRUTCHES ALUMIUN		55.00	

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due
\$435.00	\$0.00	\$0.00	\$0.00	\$0.00

Balance Due
\$435.00

## Notes

Motion to Redact and Proposed Order<sup>1</sup>

OTHER: Please refer to ADDITIONAL INFORMATION section below.

**DEFICIENCY** – Please make all necessary corrections to the document(s) listed below:

- Amended Schedule/List of Creditors is deficient for payment. Please submit payment.
- Motion is deficient for payment. Please submit payment.
- Notice of Motion – please complete and submit.
- Proposed Order – please complete and submit.
- OTHER: Please refer to ADDITIONAL INFORMATION section below.

**INFORMATION**

- CREDIT BUREAU** – The bankruptcy court does NOT perform any activities with the credit bureaus. You must contact the individual credit bureaus for their procedure for removing your bankruptcy filing from their credit report.
- No record of the case name or number exists in our court; therefore we cannot process your request and we're returning the enclosed documents to you.
- Case name/number is missing. Please provide the case name/number.
- There are several debtors listed. Please provide the correct case number.

**ADDITIONAL INFORMATION:**

Hello,

Please refile this claim as amended due to the original claim, claim #28 has the incorrect case number on the pdf this claim was filed on 1/15/2019 . The correct case number should be 18 B 30056 OL Enterprises LLC

<sup>1</sup> A motion to redact personal information prohibited under Fed.R. Bankr. P. 9037(A) should be filed without notice of motion and without serving other parties. The motion must be accompanied by a redacted version of the filed document and a proposed order requiring the clerk to substitute the redacted document for the un-redacted document. A proposed order can be found on the courts website <http://www.ilnb.uscourts.gov> under Forms/Local Bankruptcy Forms titled Order to Redact. We are attaching a sample of the order.

**IF APPLICABLE**

Include the name of the debtor/joint debtor, the case number, the signature of the debtor/joint debtor on all required documents.

Include the signature of the attorney representing the debtor/joint debtor.

**FORM OF PAYMENT REQUIREMENT** – Cashier's check or money order payable to **Clerk, U. S. Bankruptcy Court.**

**Mail the required document(s) or payment listed above, including this Letter to my attention at:**

**United States Bankruptcy Court, Eastern Division, 219 S. Dearborn, Chicago, IL 60604**

Deputy Clerk Ms. Molina

Contact Number 312-435-5597

**Information to identify the case:**

Debtor OL Enterprises LLC EIN 26-4449401  
Name  
United States Bankruptcy Court Northern District of Illinois Date case filed for chapter 11 10/25/18  
Case number: 18-30056

Official Form 309F (For Corporations or Partnerships)

**Notice of Chapter 11 Bankruptcy Case**

12/17

For the debtor listed above, a case has been filed under chapter 11 of the Bankruptcy Code. An order for relief has been entered.

**This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.**

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from the debtor by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.

Confirmation of a chapter 11 plan may result in a discharge of debt. A creditor who wants to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadline specified in this notice. (See line 11 below for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below.



# 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):**

<i>Creditor:</i> (27446857) Kathleen Newton 4845 W 92nd ST Oak Lawn, IL 60453	<b>Claim No: 28</b> <i>Original Filed</i> <i>Date:</i> 01/14/2019 <i>Original Entered</i> <i>Date:</i> 01/15/2019 <i>Last Amendment</i> <i>Filed:</i> 02/22/2019 <i>Last Amendment</i> <i>Entered:</i> 02/22/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i> 02/22/2019
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Amount claimed: \$168469.18

Priority claimed: \$168469.18

### *History:*

[Details](#) [28-1](#) 01/14/2019 Claim #28 filed by Kathleen Newton, Amount claimed: \$435.00 (Molina, Nilsa)  
[Details](#) [28-2](#) 01/25/2019 Amended Claim #28 filed by Kathleen Newton, Amount claimed: \$435.00 (Molina, Nilsa)  
[Details](#) [28-3](#) 02/22/2019 Amended Claim #28 filed by Kathleen Newton, Amount claimed: \$168469.18 (ADI, EPoc)

*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>	\$168469.18
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>	\$168469.18	
<b>Administrative</b>		

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS

JAN 14 2019

JEFFREY P. ALLSTEADT, CLERK  
 TEAM - CA

Fill in this information to identify the case:

Debtor 1 OL Enterprises

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

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_

Case number 18-30039

**Official Form 410**  
**Proof of Claim**

12/15

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?  
 Name of the current creditor (the person or entity to be paid for this claim) KATH LEON NEWTON

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?	Where should payments to the creditor be sent? (if different)
	Name <u>KATH LEON NEWTON</u>	Name _____
	Number <u>4845</u> Street <u>W. 9245+</u>	Number _____ Street _____
	City <u>DAK LAKE</u> State <u>IL</u> ZIP Code <u>60453</u>	City _____ State _____ ZIP Code _____
	Contact phone <u>708-227-6790</u>	Contact phone _____
Contact email _____	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? \$ 435 + 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.

INSURANCE BENEFITS APPROVAL NOT PAID

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 \$2,775\* 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 \$12,475\*) 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 4/01/16 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 27 2018  
MM / DD / YYYY

Kathleen A. Newton  
Signature

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

Name Kathleen A Newton  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 4845 W. 92<sup>nd</sup> St  
Number Street

Oak Lawn IL 60453  
City State ZIP Code

Contact phone 708-227-6790 Email HOCKEYJ22@GMAIL.COM

# Statement of Account

EVERGREEN CARE CENTER  
 9760 S KEDZIE AVE SUITE 3  
 EVERGREEN PARK, IL 60805

(708) 423-6209

KATHLEEN NEWTON  
 4845 W 92ND ST  
 OAK LAWN, IL 60453

Date	Account No.	Page #
12/19/2018	NEWTON0003	1

Last Payment	
Date	Amount
09/14/2018	20.00

Date	Procedure	Description	Charges	Paid by Insurance	Paid By Patient	Adj.	Balance
09/14/2018	99203	NEW PATIENT OFFICE VISI	145.00				145.00
09/14/2018	29540	POST MOLD /AIR CAST ANI	95.00				95.00
09/14/2018	73610	ANKLE XRAY 3 VIEWS	160.00				160.00
09/14/2018	E0114	CRUTCHES ALUMIUN	55.00				55.00
<i>* Please call your Insurance. denied</i>							

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due
\$435.00	\$0.00	\$0.00	\$0.00	\$0.00

Patient Balance Due
\$435.00

THANK YOU IN ADVANCE FOR YOUR PROMPT PAYMENT. IF YOU FEEL THAT A BILLING ERROR HAS BEEN MADE OR HAVE ANY BILLING QUESTIONS PLEASE CALL 1 815 846-5230 ALL BALANCES OVER 30 DAYS WILL BE CHARGED TO CARD ON FILE OR RELEASED TO OUR COLLECTION AGENCY.

Insurance Balance Due
\$0.00

IF YOU ARE PAYING BY CHECK YOU ARE AUTHORIZING YOUR CHECK TO BE ELECTRONICALLY DEPOSITED

CREDIT CARD PAYMENTS MAY BE MADE TO (708) 423-6209

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re: ) Chapter 11  
)  
Morgan Administration, Inc., et al. d/b/a ) Case No. 18-30039  
Home Owners Bargain Outlet,<sup>1</sup> ) (Jointly Administered)  
)  
Debtors and Debtors in Possession ) Hon. Jacqueline P. Cox

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CHAPTER 11 CASE NOTICE & STATUS REPORT

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Morgan Administration, Inc. and its affiliated debtors and debtors in possession (the “*Debtors*” or “*HOBO*”) make the following omnibus status report of their jointly administered chapter 11 cases:

**1. Why You Are Receiving this Document**

You are receiving this document (the “*Notice*”) because according to the books and records of one or more of the following companies, you may be owed money from:

- Morgan Administration, Inc. (Case No. 18-30039)
- Belvidere Associates LLC (Case No. 18-30043)
- FP Retail Associates LLC (Case No. 18-30046)
- Hillcrest Enterprises, LLC (Case No. 18-30047)
- Jular Media LLC (Case No. 18-30050)
- KLS Acquisition Corp. (Case No. 18-30052)
- Loomis Enterprises LLC (Case No. 18-30053)
- North Avenue Associates LLC (Case No. 18-30054)
- Oak Creek Distribution LLC (Case No. 18-30055)
- ~~OL Enterprises LLC (Case No. 18-30056)~~
- Deforab LLC (Case No. 18-30057)

These companies, collectively, are known alternatively as “Home Owners Bargain Outlet” and “HOBO.” We use the name “HOBO” or the word “Debtors” in the rest of this Notice to refer to any one or more of these 11 companies.

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<sup>1</sup> The Debtors in these cases, along with the last four digits of each Debtor’s federal tax identification number, are: Morgan Administration, Inc. (4200); Belvidere Associates LLC (8559); FP Retail Associates LLC (0915); Hillcrest Enterprises, LLC (4581); Jular Media LLC (0805); KLS Acquisition Corp. (0925); Loomis Enterprises LLC (5451); North Avenue Associates LLC (3229); Oak Creek Distribution LLC (0634); OL Enterprises LLC (9401); and Deforab LLC (9348).

# 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):**

<i>Creditor:</i> (27446857)	<b>Claim No: 28</b>	<i>Status:</i>
Kathleen Newton	<i>Original Filed</i>	<i>Filed by:</i> CR
4845 W 92nd ST	<i>Date:</i> 01/14/2019	<i>Entered by:</i> Nilsa Molina
Oak Lawn, IL 60453	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/15/2019	

Amount claimed: \$435.00

*History:*

[Details](#) [28-1](#) 01/14/2019 Claim #28 filed by Kathleen Newton, Amount claimed: \$435.00 (Molina, Nilsa)

*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>	\$435.00
<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>		