Case 18-30056 Claim 45-1 Filed 01/23/19 Desc Main Document Page 1 of 4

Fill in this in	formation to identify the case:
Debtor 1	OL Enterprises LLC
Debtor 2 (Spouse, if filing)	
United States E	Bankruptcy Court for the: Northern District of Illinois - Eastern Div
Case number	18-30056

FILED

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

JAN 23 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, explain in an attachment.

Do not send original documents; they may be destroyed after scanning. If the documents are not available,

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.

Î	Part 1: Identify the	Claim
1.	Who is the current creditor?	Name of the current creditor (We 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?	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? Chicago Stool 2. Charlos Name Same Name Name Name Number Street City State Contact phone Contact phone Contact email Contact email Contact email Contact email Contact payments to the creditor be sent? (if different) Name Name Name Name Number Street City State Contact phone Contact phone Contact phone Contact email Contact email
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known) Filed on
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?

P	art 2: Give Informa	tion About the Claim as of the Date the Case Was Filed
6.	Do you have any numb you use to identify the debtor?	
7.	How much is the claim	? \$ \(\frac{\gamma \dagger}{\gamma \text{No}} \) 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 th 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.
9.	Is all or part of the cia 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 recured: \$
		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 o	54 W. 35000
	lease:	Yes. Amount necessary to cure any default as of the date of the petition.
	11. Is this claim subject right of setoff?	
	-	Yes. Identify the property:

12. Is all or part of the cla entitled to priority un	aim No der Yes. C	hook one.					
A claim may be partly priority and partly nonpriority. For example	Dor	mestic support obligations (including alimony and child support) under U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priorit				
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 services for sonal, family, or household use. 11 U.S.C. § 507(a)(7).	\$				
		ges, salaries, or commissions (up to \$12,850*) earned within 180 days before the kruptcy petition is filed or the debtor's business ends, whichever is earlier. J.S.C. § 507(a)(4).	\$				
	☐ Taxe	es or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$				
		tributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$				
		er. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$				
		nts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after	r the date of adjustment.				
Part 3: Sign Below							
The person completing this proof of claim must	Check the app	propriate box:					
sign and date it.	am the	creditor.					
FRBP 9011(b). If you file this claim	l am the	I am the creditor's attorney or authorized agent.					
electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
5005(a)(2) authorizes courts to establish local rules	a lamagu	arantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
specifying what a signature is.	I understand th	nat an authorized signature on this Double source					
A person who files a	amount of the	nat an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that claim, the creditor gave the debtor credit for any payments received toward the debtor.	at when calculating the				
fraudulent claim could be							
fined up to \$500,000, imprisoned for up to 5	and correct.	ed the information in this <i>Proof of Claim</i> and have a reasonable belief that the inform	nation is true				
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the foregoing is true and correct.					
3571.		ate 10 - 25- 2018					
	Signature						
	Print the name	of the person who is completing and signing this claim:					
	Name	HeShou Licing First name Middle name Last name					
	Title	_Owner					
	Company	Identify the corporate servicer as the company if the authorized agent is a servicer.					
9	Address	1230 Saint Charles Street					
		Elgin IL 60120					
		City State ZIP Code 247 - 289 - 9955					
	Contact phone	Email (SC, 2001)	9 Sbc alphal net				

Case 18-30056 Claim 45-1 Part 2 Filed 01/23/19 Desc Document Continued Page 1 of 15

Statemant of HOBO Sales from CHICAGO STOOL AND CHAIR 2018

Hobo PO#	our Invoice#	Order Date	Shipping	Amount	Past Due	Due Date	Paid on	check #
N19946	18-0001	12/28/2017	1/15/2018	\$12,127.85		2/15/2018	3/2/2018	45792
N20284	18-0017	2/15/2018	3/7/2018	\$11,450.20		4/7/2018	5/15/2018	46071
N20284A	18-0017A	2/15/2018	3/8/2017	\$9,800.00		4/8/2018	5/15/2018	46071
N20628	18-0027	3/20/2018	4/6/2018	\$16,292.40		5/6/2018	6/11/2018	46286
N20628A	18-0027A	3/20/2018	4/9/2018	\$10,676.25		5/9/2018	6/11/2018	46286
N21047	18-0036	5/3/2018	5/14/2018	\$13,655.75		6/14/2018	7/16/2018	456506
N21047	18-0036A	5/3/2018	5/18/2018	\$13,135.00		6/18/2018	7/24/2018	46722
N21047	18-0036B	5/3/2018	5/24/2018	\$11,521.80		6/24/2018	7/24/2018	46722
uono no#		1 1			٦		,	
HOBO PO#	our Invoice#	Order Date	Shipping	Amount	_	Due Date	J	
N21503	18-0046	6/27/2018	7/11/2018	\$9,988.70	x	8/11/2018	UNPAID	
N21503	18-0046A		7/16/2018	\$4,283.85	x	8/16/2018	UNPAID	
N21646	18-0050	7/17/2018	8/9/2018	\$13,250.90	х	9/9/2018	UNPAID	
N21886	18-0051	8/14/2018	8/24/2018	\$21,739.50	×	9/24/2018	UNPAID	
		0/14/2010	8/28/2018	\$21,583.05	x	9/28/2018	UNPAID	
	18-0051A	8/14/2018	0/20/2018	721,303.03			Old ALD	
	18-0051A 18-0051B	8/14/2018	9/17/2018	\$9,471.00	x	10/17/2018	UNPAID	

\$84,589.05

^{****}Balance due on unpaid invoice****

1230 St. Charles Street Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911



To: HOBOBelvidere Road
Waukegan, IL60085

INVOICE NO: 18-0046 DATE: July 11, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
	N000021503	July 11, 2018	Cycle Logistics	FOB Elgin	Net 30 days

TOTAL	DESCRIPTION	PRICE	EXTENSION
80	29" Black Saddle Stool / 1044460 pallet 1-4 of 29	21.75	1740.00
60	24' Black Saddle Stoo! / 1044461 pallet 5-7 of 29	21.25	1275.00
40	29" Dark Oak Saddle Stool / 1161923 pallet 8-9 of 29	21.75	870.00
80	24" Dark Oak Saddle Stool / 1161924 pallet 10-13 of 29	21.25	1700.00
55	24" Clark / 1179997 pallet 15-17 of 29 (2 x 20 pcs and 1 x 15 pcs)	26.50	1457.50
28	29" Clark / 1179998 pallet 18-19 of 29 (1 x 20 pcs and 1 x 8pcs)	27.50	770.00
12	24" Gavin / 1205619 pallet 23 of 29	33.95	407.40
48	29" Gavin / 1219136 pallet 24-27 of 29 (12pcs per pallet)	36.85	1768.80
	**1st shipment of po#N21503 (23 pallets of 29 total) Total 403 stools	-	
ALL MANAGEMENT AND ADMINISTRATION OF THE PARTY OF THE PAR	Packed on 23 pallets		
1			
			\$9988.70

Make all checks payable to: CHICAGO STOOL & CHAIR INC. If you have any questions concerning this invoice, call at (847)289-9955 THANK YOU FOR YOUR BUSINESS!

Wemorandum	materials must enter l der "Ernergency Respo	ise Priorie Number	,	1			f Lading No		1,12
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1230 St. Charles Street Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911



To: HOBO

Belvidere Road Waukegan, IL60085 INVOICE NO: 18-0046A DATE: July 16, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	CONTRACTOR DELL'ACTUA DE L'ANNO DE LA CANTRACTURA DE L'ACTUAL DE L	I I MA AND A SECOND PROPERTY AND A SECOND PARTY OF THE PA	
		DATE SHIPPEL)	SHIPPED VIA	PRICE BASE	TERMS
	N000021503	July 16, 2018	Ecno Logistics	FOB Elgin	Net 30 days

TOTAL		De John Line Laboratore (compa	
23	DESCRIPTION 5 Ties Ladder about 15 I	PRICE	EXTENSION
	5 Tier Ladder shelf / Black / 1178240 pallet 14 of 29	27.50	632.50
30	Kitchen Trolley Cart Black / 1195333 pallet 20-22 of 29	52.75	
23	Loyd Console Table / 1237793 pallet 28-29 of 29 (1 x 12pcs and 1 x 11pcs)		1582.50
	(TX TZpcs and TX TTpcs)	89.95	2068.85
	**2nd shipment of po#N21503 (6 pallets of 29 total)		
	Total 23 5 tier ladders Total 30 kitchen carts		
	Total 23 loyd tables Packed on 6 pallets		
		_	
			\$4283.85
ake all checks	payable to: CHICAGO STOOL & CHAIR WO	-	

If you have any questions concerning this invoice, cell at (847)289-9955

THANK YOU FOR YOUR BUSINESS!

BILL OF LADING	BOL Number: 32527916
SHIP FROM	Carrier: Monroe Transportation Service, Inc.
Name: Chicago Stool & Chair inc.	Pro #
Address 1: 1230 Saint Charles St	
Address 2:	TRL#
Address 3:	Pick WT PCS SDAY 31778401
City/State/Zip: ELGIN, IL, 60120	Trail 51778401
Kathy P: (847) 289-9955 Ext. F: Stop Notes:	
SHIP TO	REFERENCE INFORMATION
Name: HOBO Distribution	Reference Name Value
Address 1: 7557 S 78th Ave	Load BOL # N21503A
Address 2:	Load PO# N21503A
Address 3:	
City/State/Zip: BRIDGEVIEW, IL, 60455	: ^
Barb P: 708-924-9155 Ext.17 F: Stop Notes:	All A
	18-00-16A
THIRD PARTY FREIGHT CHARGES BILL TO	
Echo Global Logistics	
600 W Chicago Ave Ste 725 Chicago, IL 60654	
Cilicago, 12 00054	
Freight Charge Terms: Carrier Acct #	
Samor Adden.	
Prepaid X Collect 3rd Party X Quote ID:	
Special Instructions:	Shipper Instructions Consignee Instructions
Call Jessica @ Echo with ?s 847.213.2539	Pickup #: N21503A Delivery #: N21503A
DO NOT STACK *No addntl services approved*	Loc Type: Business Loc Type: Business
The additional approved	Special Services: Special Services:
ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted	
on this bill of lading.	
LTL or Partial Only: # of Pallets: 6 Pallet Type: Skid Spots: 0 Stackable: No.	
Pollet Dimensions:	
HANDI INC HAIT DACKAGE	NFORMATION
OTY TYPE OTY TYPE MELOUS	Commodities requiring special or additional care or attention
6 Pallets 0 3800	m handling or stowing must be so marked and backaged as t
6 3800	Stools/chairs 083445- 70
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where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The anged or declared value of the property as follows:	COD Amount: \$
re property as follows: "The agreed or declared value of the property is specifically in writing the agreed or declared value of economic specifically stated by the shipper to be not economic."	Fee Terms: Collect: Prepaid:
Per	Customer check acceptable:
OTE Liability Limitation for loss or damage in this shipment may be appli	cable. See 49 U.S.C. M 14706(c)(1)(A) and (B).
ECEIVED, subject to individually determined rates or contacts that have been agreed upon in writing between the carrier ad shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are variable to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Section 7)
the shipper, on request, and to all applicable state and federal regulations.	Shippor Signature
HIPPER SIGNATURE / DATE Trailer Loaded: Freight Cou	Shipper Signature
is to certify that the above-named materials are properly	
number for transportation according to the applicable regulations of	has the Department of Transportation engles guide box or
	equivalent documentation in the vehicle. Carrier Date:
\cup \cup $-$	Date.
	1617-16-181

1230 St. Charles Street Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911 MVOICE

To: HOBO Belvidere Road Waukegan, IL60085

INVOICE NO: 18-0050 DATE: August 9, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	OLUDBAR		
		DAIL SHIFFED	SHIPPED VIA	PRICE BASE	TERMS
	N000021646	August 9 , 2018	Cycle Logistics	FOB Elgin	Net 30 days

	TOTAL	DESCRIPTION		
	60		PRICE	EXTENSION
	100	29" Black Saddle Stool / 1044460 pallet 1-3 of 25	21.75	1305.00
		24' Black Saddle Stool / 1044461 pallet 4-8 of 25	21.25	2125.00
	40	24" Dark Oak Saddle Stool / 1161923 pallet 9-10 of 25	21.25	850.00
	28	5 Tier Ladder Black / 1178240 pallet 11 of 25	27.50	
		Kitchen Trolley Cart Blook / 1105000	27.50	770.00
	60	24" Gavin / 1205619 pallet 14-17 of 25 **(12 pcs per pallet)	52.75	1266.00
	1		33.95	2037.00
1		29" Gavin / 1219136 pallet 18-23 of 25	36.85	3095.40
1		Market Island Cart / 1237645 pallet 24 of 25	90.00	540.00
1	76	Decorator Stand Espresso / 1237786 nallet 25 of 25 **/uith white	Marion conce	
	25	Decorator Stand White / 1237790 pallet 25 of 25 **(with consess)		950.00
		(with espresso)	12.50	312.50
		Total 344 stools Total 28-5 Tier Ladders Total 24 Kitchen Carts		
		Total 6 Market Islands Total 101 Decorator Stands	1	
1	1	Packed on 25 pallets		
				\$13250.90
M	ake all ch	Ooka nayahla ta Oura a a	F	

Make all checks payable to: *CHICAGO STOOL & CHAIR INC.* If you have any questions concerning this invoice, call at (847)289-9955 **THANK YOU FOR YOUR BUSINESS!**

0:	s materials must enter 24-hour nder "Emergency Response Pho le	ICLE VI	ohistics		Shipper		
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Chicago Stool & Chair Inc. 1230 St. Charles Street

Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911



To: HOBOBelvidere Road
Waukegan, IL60085

INVOICE NO: 18-0051 DATE: August 24, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	PRICE BASE	TEDMO
	N000021886	August 24, 2018		FOB Elgin	TERMS Net 30 days
					Net 30 days

TOTAL	DESCRIPTION		
81		PRICE	EXTENSION
180	pallet 1-7 (6pallets 12 pcs, 1 pallet 9 pcs)	68.50	5548.50
	Framhouse Rustic Console/1247230 pallet 1-7 (6pallets 12 pcs, 1 pallet 9 pcs) Rustic Kitchen Cart/1247232 pallet 8-19** (11 pallets 16pcs,1 pallet4pc and 12 stools) Tier Ledger Bookcase/1219137 pallet 20-23 Ripley 24" / 29" Adjustable/1205616 pallet 24 24" Natural Stool/1053652 **pallet 19 (with rustic kitchen and 1)		10350.00
120	5 Tier Ledger Bookcase/1219137 pallet 20-23	44.50	9
27			5340.00
12		15.00	405.00
	paller 19 (with rustic kitchen cart)	8.00	96.00
	** SHIPMENT #1 **		
	Total 81 Farmhouse Total 180 Rustic Carts		
	Packed on 24 pallets		
	*		
	The state of the s		
			21739.50
lake all ch	ecks payable to: CHICAGO STOOL & CHAIR INC		

If you have any questions concerning this invoice, call at (847)289-9955 THANK YOU FOR YOUR BUSINESS!

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Chicago Stool & Chair Inc. 1230 St. Charles Street

Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911



То: НОВО

Belvidere Road Waukegan, IL60085 INVOICE NO: 18-0051A DATE: August 24, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	Ollina		
		DATE SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
	N000021886	August 28 , 2018	Cycle Logistics	FOB Elgin	Net 30 days

	TOTAL	DESCRIPTION		
	144		PRICE	EXTENSION
	57		64.50	9288.00
	96	(3pcs on pallet #46 with market island)	15.00	855.00
		24" Natural Stool / 1053652 pallet 31-32	8.00	768.00
	60	29" Dark Oak Stool / 1161923 pallet 33-35	21.75	1305 00
	41	5 Tier Ladder Shelf Black / 1178240 pallet 36-37(#36 26pcs, #37 15pcs + 2pc Loyd)	pallet 25-28 9-30 (3pcs on pallet #46 with market island) 32 3-35 allet 36-37(#36 26pcs, #37 15pcs + 2pc Loyd) 38-40 (#38 and #39 15pc , #40 14pc) 39-30 (3pcs on pallet #46 with market island) 312 312 3135 3135 3135 3135 3135 3135 3	
	44	Kitchen Carts Black / 1195333 pallet 38-40 (#38 and #39 15pc , #40 14pc)		
	45	24" Gavin Stool / 1205619 pallet 41-43		
	28	29" Gavin Stool / 1219136 pallet 44-45		1527.75
	1		36.85	1031.80
			Walnut / 1247231 pallet 25-28	810.00
		AND	12.50	450.00
		Decorator Stand White1237790 pallet 47	12.50	300.00
	20	Loyd Console Table w/ Baskets / 1237793 pallet 48 (18 pcs, 2 with 5 tier ladder)	89.95	1799.00
		SHIPMENT #2		
		Totaldado		
		Packed on 24 pallets		
1	1			
				\$21583.05
M	ake all ch	ecks payable to: CHICAGO STOOL & CHAIR INC		

Make all checks payable to: CHICAGO STOOL & CHAIR INC. If you have any questions concerning this invoice, call at (847)289-9955 THANK YOU FOR YOUR BUSINESS!

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1230 St. Charles Street Elgin, IL 60120° Tel: (847)289-9955 Fax: (847)289-9911 INVOICE

To: HOBOBelvidere Road
Waukegan, IL60085

INVOICE NO: 18-0051B DATE: Sept 17, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
	N000021886	Sept 17, 2018	Cycle Logistics	FOB Elgin	Net 30 days

TOTAL	DESCRIPTION	DDICE	EVERNOLES
216	24/29" Ripley / 1205616 pallet 49-56	PRICE	EXTENSION
40	29" Black Saddle Stools / 1044460 pallet 57-58	15.00	3240.00
100		21.75	870.00
	24" Black Saddle Stools / 1044461 pallet 59-63	21.25	2125.00
192	24" Natural / 1053652 pallet 64-67	8.00	1536.00
80	24" Dark Oak Saddle Stools / 1161924 pallet 68-71	21.25	1700.00
	SHIPMENT #3	21.25	1700.00
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	Total 628 Stools		
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	Packed on 23 pallets		
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Make all checks payable to: *CHICAGO STOOL & CHAIR INC.*If you have any questions concerning this invoice, call at (847)289-9955 **THANK YOU FOR YOUR BUSINESS!**

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1230 St. Charles Street Elgin, IL 60120 Tel: (847)289-9955 Fax: (847)289-9911 INVOICE

To: HOBO

Belvidere Road Waukegan, IL60085 INVOICE NO: 18-0051C DATE: Sept 24, 2018

SALESPERSON	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	PRICE BASE	TERMS
	N000021886	Sept 24, 2018	Cycle Logistics	FOB Elgin	Net 30 days

TOTAL	DESCRIPTION	PRICE	EXTENSION
39	24" Gavin / 1205619 pallet 72-74 (2 pallets 15pcs, 1 pallet 9pcs)	33.95	1324.05
80	29" Gavin / 1219136 pallet 75-80 (5 pallets 14pcs, 1 pallet 10pcs)	36.85	2948.00
	4 th and final shipment		
	Total 119 Stools		
	Packed on 9 pallets		
.]			
		-	
			\$4272.05

Make all checks payable to: *CHICAGO STOOL & CHAIR INC.*If you have any questions concerning this invoice, call at (847)289-9955
THANK YOU FOR YOUR BUSINESS!

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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: (27237794) Claim No: 45 Status: CHICAGO STOOL & CHAIR Original Filed Filed by: CR

1230 ST CHARLES STREET Date: 01/23/2019 Entered by: Kimetha Collier

Elgin, IL 60120-0000 Original Entered Modified:

Date: 01/23/2019

Amount claimed: \$84589.05

History:

<u>Details</u> 45-1 01/23/2019 Claim #45 filed by CHICAGO STOOL & CHAIR, Amount claimed: \$84589.05

(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*	\$84589.05
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		