

**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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**BALLOT FOR CLASS 5  
GENERAL UNSECURED CREDITORS  
TO ACCEPT OR REJECT THE JOINT CHAPTER 11 LIQUIDATING PLAN**

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**Instructions for Completing and Submitting this Ballot**

**Please carefully review the enclosed joint plan of liquidation and its corresponding disclosure statement for a description of the same and its effects on holders of claims against the debtor to determine whether to vote to accept or reject the joint plan of liquidation.**

**Your ballot must be received by the voting agent by September 5, 2019 (the “*Voting Deadline*”) or the vote represented by your ballot will not be counted. If the joint plan is confirmed by the bankruptcy court, it will be binding on you whether or not you vote.**

**If you have any questions regarding this ballot or the voting procedures, please contact the voting agent, BMC Group, at [hobo@bmcgroup.com](mailto:hobo@bmcgroup.com) (reference “*HOBO Voting Inquiry*” in the subject line) or by telephone at 888-909-0100. The voting agent is not authorized to provide legal advice to you.**

Morgan Administration, Inc., and its related debtors-in-possession in the above-captioned chapter 11 proceedings (the “*Debtors*”) and the Official Committee of Unsecured Creditors (the “*Committee*,” referred to collectively with the Debtors as the “*Plan Proponents*”) are soliciting votes with respect to the *Joint Chapter 11 Liquidating Plan* (Dkt. 249) (the “*Plan*”) proposed by the Plan Proponents. The Plan and its corresponding Disclosure Statement describing it are provided with this ballot.

Your Claim has been placed in Class 5 (General Unsecured Creditors) under the Plan.

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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).

**Your Vote to Accept or Reject the Plan.**

Holders of Claims in Class 5 may use this Ballot to vote to accept or reject the Plan. Confirmation of the Plan requires that, of the Class 5 Claim holders who actually vote, at least two-thirds in dollar amount and more than one-half in number, affirmatively vote to accept the Plan. If the required votes are received and the Bankruptcy Court confirms the Plan, it will be binding on you. To have your vote count, you must complete and return the Ballot by the Voting Deadline: **September 5, 2019.**

You may use the pre-addressed envelope provided, or send your Ballot to the following address:

**If by First Class U.S. Mail:**

BMC Group  
Attn: Morgan/HOBO Ballot Processing  
PO Box 90100  
Los Angeles, CA 90009

**If by Hand Delivery or Overnight  
Courier:**

BMC Group  
Attn: Morgan/HOBO Ballot Processing  
3732 W. 120th St.  
Hawthorne, CA 90250

**If by Email Correspondence:**

[hobo@bmcgroup.com](mailto:hobo@bmcgroup.com)

BALLOTS SUBMITTED BY FACSIMILE OR OTHER FORM OF ELECTRONIC SUBMISSION OTHER THAN BY ELECTRONIC MAIL IN ACCORDANCE WITH THE INSTRUCTIONS ABOVE WILL **NOT** BE ACCEPTED. DO NOT MAIL YOUR BALLOT TO THE COURT.

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# BALLOT

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## 1. Amount of Claim

As of the date written below, the undersigned was the Holder (or authorized signatory for such Holder) of a Class 5 General Unsecured Claim against the Debtors in the following amount:

Amount: \$[BMC to insert] \_\_\_\_\_

## 2. Vote on Plan

The undersigned Holder of the Class 5 General Unsecured Claim set forth above, votes with respect to such Claim as follows:

**Accepts the Plan**

**Rejects the Plan**

(check one box only – if you do not check a box, or if you check more than one box, your vote will not be counted)

## 3. Claim Holder Information

Name of Holder: \_\_\_\_\_  
(Print or Type)

Signature: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_  
(If Applicable)

Title: \_\_\_\_\_  
(If Applicable)

Social Security or Federal  
Tax ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Ballot Completed: \_\_\_\_\_