

Fill in this information to identify the case:

Debtor name: JQH - Normal Development, LLC
United States Bankruptcy Court for the District of Kansas at Kansas City
Case number (if known): 16-21194

See Appendix A to bar date notice for list of debtors and case numbers.

ID: 2340
B D BOYKIN ENTERPRISES LLC
CONCORD CUSTOM CLEANER
207 E ILLINOIS ST
URBANA, IL 61801-3328

RECEIVED

DEC 28 2016

BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

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, except for administrative expenses under 11 U.S.C. § 503(b)(9).

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.

The original of this completed form (faxes not accepted), together with accompanying documentation, must be either (a) delivered to the Claims and Noticing Agent at the address set forth on the Bar Date Notice, or (b) filed using the online Document Filing System (CM/ECF) of the United States Bankruptcy Court for the District of Kansas, in either event so as to be received no later than 5:00 p.m. CST on the December 23, 2016.

Part 1: Identify the Claim

1. Who is the current creditor?

BD Boykin Enterprises LLC dba Concord Custom Cleaners
Name of the current creditor (the person or entity to paid for this claim)
Other name the creditor used with the debtor Concord Custom Cleaners

2. Has this claim been acquired from someone else?

No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

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

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Concord Custom Cleaner
Name
207 E. Illinois St.
Number Street
Urbana IL 61801-3328
City State ZIP Code

Name

Number Street

City State ZIP Code

Contact phone 217-328-4606 Contact phone _____

Contact email bdboykin1/c@gmail.com 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? _____

JQH Ct ID
00493

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? \$ 317.79 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 performed

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 all that apply:

<input type="checkbox"/> 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 \$ _____
<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 type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> 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.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? No
 Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____

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 12/12/2016
 MM / DD / YYYY

Debra J. Boykin
 Signature

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

Name Debra June Boykin
 First name Middle name Last name

Title Vice - President

Company BD Boykin Enterprises LLC dba Concord Custom Cleaners
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 207 E. Illinois St.
 Number Street

Urbana IL 61801-3328
 City State ZIP Code

Contact phone 217-328-4606 Email bdboykinllc@gmail.com



39363467002340

B D BOYKIN ENTERPRISES LLC
CONCORD CUSTOM CLEANER
207 E ILLINOIS ST
URBANA, IL 61801-3328

B D Boykin Enterprises LLC

Invoice

Concord Custom Cleaners
 207 East Illinois Street
 Urbana, IL 61801

Date	Invoice #
6/27/2016	2531

Bill To
Marriott Hotel & Conference Center 201 Broadway St. Normal, IL 61761

Remit To
Concord Custom Cleaners 2503 E. Oakland Avenue Bloomington, Illinois 61701

Terms
Due on receipt

Ticket #	Name	Date	Amount
8186	Clark (901)	5/25/2016	8.25
8187	Wright (819)	5/26/2016	11.28
8249	Employee	5/27/2016	4.69
8250	Service Charge (pick up less than \$5.00)	5/27/2016	4.00
8285	Wright	5/31/2016	37.50
8317	Employee	6/1/2016	14.88
8318	Wright	6/1/2016	12.50
8319	Goldsmith	6/1/2016	8.25
8321	Pritts (GM - 13 pieces)	6/1/2016	0.00
8342	Pritts (GM - 10 pieces)	6/2/2016	34.84
8477	Jones	6/9/2016	3.15
8479	Manns	6/9/2016	60.16
8569	Maines (823)	6/14/2016	8.25
8600	Mellinger (Emp)	6/15/2016	34.31
8745	Draus	6/23/2016	4.98
8746	No name	6/23/2016	6.25
8836	Mellinger (Emp)	6/27/2016	40.25
8854	Sadoff (904)	6/28/2016	12.50
8855	Goldsmith (734)	6/28/2016	11.75
We appreciate your prompt payment.		Total	\$317.79



Concord Custom Cleaners
 207 East Illinois Street
 Urbana, Illinois
 61801

CERTIFIED MAIL®



7015 3010 0001 3543 0740



1099



90009

U.S. POSTAGE
 PAID
 MAHOMET, IL
 61853
 DEC 13, 16
 AMOUNT

\$3.77

R2305K136618-03

BMC Group, Inc.
 Attn: John Q Hammons Processing
 P. O. Box 90100
 Los Angeles, CA

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 DEC 28 2016
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