

Fill in this information to identify the case:

Debtor HRI Holding Corp.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 19-12415

**Official Form 410
Proof of Claim**

04/19

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 or 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?	<u>ALL-TYPES ELEVATORS, INC</u> Name of the current creditor (the 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)	<u>ALL-TYPES ELEVATORS, INC</u> <u>11105 S NASHVILLE</u> <u>WORTH, IL 60482</u>	
	Contact phone _____ Contact email <u>las.lawoffices@gmail.com</u>	Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? \$ 5183. 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 or property:
 Real estate: If the claim is secured by the debtor's principle 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 amount 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:

	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 \$3,025* 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 \$13,650*) 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 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim 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 acknowledgement 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 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 03/18/2020
MM / DD / YYYY

/s/Laurie A. Silvestri
Signature

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

Name Laurie A. Silvestri
First name Middle name Last name

Title Attorney

Company All-Types Elevators, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 725-7530 | International 001-310-823-9000

Debtor: 19-12415 - HRI Holding Corp.		
District: District of Delaware		
Creditor: ALL-TYPES ELEVATORS, INC 11105 S NASHVILLE WORTH, IL, 60482 Phone: Phone 2: Fax: Email: las.lawoffices@gmail.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 5183	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Laurie A. Silvestri on 18-Mar-2020 5:13:57 p.m. Eastern Time Title: Attorney Company: All-Types Elevators, Inc.		

11:55 AM
03/09/20
Accrual Basis

All-Types Elevators, Inc.
Customer Open Balance
All Transactions
Open Balance

Devon Seafood Restaurant
39 E. Chicago

	390.00
	297.00
	615.00
	1,204.00
	615.00
	938.00
	615.00
	509.00
Total 39 E. Chicago	<u>5,183.00</u>
Total Devon Seafood Restaurant	<u>5,183.00</u>
TOTAL	<u><u>5,183.00</u></u>

All-Types Elevators, Inc.

Invoice

11105 S. Nashville
 Worth, IL 60482
 (708) 361-5566
 (708) 361-5577 fax

DATE	INVOICE NO.
11/30/2019	9849694

SOLD TO

Devon Seafood Restaurant
 39 E. Chicago
 Chicago, IL 60611

BILLED TO

Devon Seafood Restaurant
 39 E. Chicago
 Chicago, IL 60611

Contract / Ticket #	TERMS	DUE DATE	PROJECT
AT217591	Due on receipt	11/30/2019	39 E. Chicago

DATE	DESCRIPTION	QTY	ITEM	AMOUNT
11/30/2019	November maintenance		Maintenance	390.00
Total				\$390.00

Thank you for your business.

All-Types Elevators, Inc.

11105 S. Nashville
Worth, IL 60482

(708) 361-5566

(708) 361-5577 fax

Invoice

DATE	INVOICE NO.
10/10/2019	9847513

SOLD TO

Devon Seafood Restaurant
39 E. Chicago
Chicago, IL 60611

BILLED TO

Devon Seafood Restaurant
39 E. Chicago
Chicago, IL 60611

Contract / Ticket #	TERMS	DUE DATE	PROJECT
171094	Due on receipt	10/10/2019	39 E. Chicago

DATE	DESCRIPTION	QTY	ITEM	AMOUNT
8/16/2019	#2 North Dumbwaiter. Service call. Elevator shut down with processor not responding and strap on gate broken. Replaced strap. Microprocessor is working ok. Will monitor. Returned car to service. NOTE: BUILDING MUST NOT OVERLOAD CAR AND NOT SLAM DOORS AND GATES TO AVOID DAMAGE TO EQUIPMENT.	1.5	Reg hrs	297.00
Total				\$297.00

Thank you for your business.

All-Types Elevators, Inc.

11105 S. Nashville
 Worth, IL 60482
 (708) 361-5566
 (708) 361-5577 fax

Invoice

DATE	INVOICE NO.
10/14/2019	9847595

SOLD TO

Devon Seafood Restaurant
 39 E. Chicago
 Chicago, IL 60611

BILLED TO

Devon Seafood Restaurant
 39 E. Chicago
 Chicago, IL 60611

Contract / Ticket #	TERMS	DUE DATE	PROJECT
170056	Due on receipt	10/14/2019	39 E. Chicago

DATE	DESCRIPTION	QTY	ITEM	AMOUNT
8/26/2019	EMERGENCY OVERTIME SERVICE CALL. Garbage Freight Elevator. Elevator shut down on top landing. Paint run box control unit hit and knocked off wall hanging upside-down. Nail drive laying across on / off terminals inside box, causing car not to run. Re-mounted box to wall with new hardware. Tested for proper operation. Returned car to service. Building charged regular time only for overtime labor. Credit issued for the difference.	3	DT	1,188.00
			Carriage	21.00
			Credit	-594.00
Total				\$615.00

Thank you for your business.

All-Types Elevators, Inc.

11105 S. Nashville
Worth, IL 60482

(708) 361-5566

(708) 361-5577 Fax

Invoice

DATE	INVOICE NO.
10/10/2019	0817530

SOLD TO
Devon Seafood Restaurant
39 E. Chicago
Chicago, IL 60611

BILLED TO
Devon Seafood Restaurant
39 E. Chicago
Chicago, IL 60611

Contract/Ticket #	TERMS	DUE DATE	PROJECT
163354	Due on receipt	10/10/2019	39 E. Chicago

DATE	DESCRIPTION	QTY	ITEM	AMOUNT
8/21/2019	South Dumbwaiter Scheduled Service Request. Returned to job with assistance. Manually moved car down. Welds broke on track due to nuts and other material overloaded in car. Pushed gate out and broke. Track catching gate and racking car. Replaced cables. Welded track back. Track is stainless-steel. Will need special welding for stainless-steel for reattachment. Car left down until replacements are complete.	3	Reg Hrs/Team Cartage	1,188.00 16.00
Total				\$1,204.00

We appreciate your business!

All-Types Elevators, Inc.

11105 S. Nashville
 Worth, IL 60482
 (708) 361-5566
 (708) 361-5577 fax

Invoice

DATE	INVOICE NO.
10/22/2019	9847870

SOLD TO
 Devon Seafood Restaurant
 39 E. Chicago
 Chicago, IL 60611

BILLED TO
 Devon Seafood Restaurant
 39 E. Chicago
 Chicago, IL 60611

Contract / Ticket #	TERMS	DUE DATE	PROJECT
175983	Due on receipt	10/22/2019	39 E. Chicago

DATE	DESCRIPTION	QTY	ITEM	AMOUNT
9/7/2019	EMERGENCY SATURDAY OVERTIME SERVICE CALL. Garbage hit. Elevator shut down at top floor. Troubleshooting. Spotted car. Repaired top floor jack. If problem re-occurs, will need new cable. Returned car to service. Building charged regular time only for overtime labor. Credit issued for the difference.	3	DT	1,188.00
			Carriage Credit	21.00
				-594.00
Total				\$615.00

Thank you for your business.

NOTE: RECOMMEND VISION WINDOW BE INSTALLED ON DOOR. USERS ARE PULLING ON DOOR WHEN CAR IS NOT THERE DAMAGING DOOR.

All-Types Elevators, Inc.

11105 S. Nashville
 Worth, IL 60482
 (708) 361-5566
 (708) 361-5577 Fax

Invoice

DATE	INVOICE NO.
10/14/2019	9847605

SOLD TO
 Devon Seafood Restaurant
 39 E. Chicago
 Chicago, IL 60611

BILLED TO
 Devon Seafood Restaurant
 39 E. Chicago
 Chicago, IL 60611

Contract / Ticket #	TERMS	DUE DATE	PROJECT
165385	Due on receipt	10/14/2019	39 E. Chicago

DATE	DESCRIPTION	QTY	ITEM	AMOUNT
8/27/2019	#2 South Freight Elevator Scheduled service repair. Met with welder. Unloaded material. Waited for manager for entry. Welded tracks. Reset slack. Switch on top of hoistway. Tested for proper operation. Returned car to service. NOTE: BUILDING NEEDS TO AVOID OVERLOADING CARS TO AVOID DAMAGE TO EQUIPMENT.	2.5	Reg hrs Machine Shop Parking	495.00 435.00 300.00
Total				\$938.00

Thank you for your business.

All-Types Elevators, Inc.

11105 S. Nashville
 Worth, IL 60482
 (708) 361-5566
 (708) 361-5577 fax

Invoice

DATE	INVOICE NO.
10/10/2019	9847517

SOLD TO
 Devon Seafood Restaurant
 39 E. Chicago
 Chicago, IL 60611

BILLED TO
 Devon Seafood Restaurant
 39 E. Chicago
 Chicago, IL 60611

Contract / Ticket #	TERMS	DUE DATE	PROJECT
164071	Due on receipt	10/10/2019	39 E. Chicago

DATE	DESCRIPTION	QTY	ITEM	AMOUNT
8/17/2019	EMERGENCY SATURDAY OVERTIME SERVICE CALL. #1 South Dumbwaiter. Elevator shut down in-between floors. Found slack cable switch active. Inspected pit. Found cable loose and off sheave due to a fork bound up in-between cable, sheave and bracket. Removed debris from sheave. Re-wrapped cable. Found car rocked and shifted as a result of fork in sheave. Left car down for repair. Frame of dumbwaiter separated and needs to be re-attached/welded. Building charged regular time only for overtime labor. Credit issued for the difference.	3	DT	1,188.00
			Carriage Credit	21.00
				-594.00
Total				\$615.00

Thank you for your business.

All-Types Elevators, Inc.

11105 S. Nashville
 Worth, IL 60482
 (708) 361-5566
 (708) 361-5577 fax

Invoice

DATE	INVOICE NO.
11/18/2019	9849011

SOLD TO
Devon Seafood Restaurant 39 E. Chicago Chicago, IL 60611

BILLED TO
Devon Seafood Restaurant 39 E. Chicago Chicago, IL 60611

Contract / Ticket #	TERMS	DUE DATE	PROJECT
182803	Due on receipt	11/18/2019	39 E. Chicago

DATE	DESCRIPTION	QTY	ITEM	AMOUNT
10/3/2019	Service call. Garbage lift. Shutdown at lower landing, one foot above floor level. Found garbage bin had rolled as car was travelling and got wedged between platform and door jamb causing overload to trip. Reset overload and lowered car. Lock assembly had shifted from cart. Adjusted lock and door handle lock. Tested for proper operation. Returned lift to service. BUILDING NEEDS TO INSTRUCT WORKERS HOW TO PROPERLY OPERATE LIFT TO AVOID RECURRING PROBLEMS.	2.5	Reg hrs	495.00
			Cartage	14.00
We appreciate your business!			Total	\$509.00