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SEP 16 2019

LEGAL SERVICES

Fill in this information to identify the case:

Debtor 1 Fred's, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 19-11984 Fred's, Inc.

Filed: USBC - District of Delaware
 Fred's, Inc., Et al. (B10)
 19-11984 (CSS)



FDS

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 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? Pro-Optics LLC
 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?
 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? <u>Pro-Optics LLC</u> Name <u>317 N Woodwork Ln</u> Number Street <u>Palaine IL 60067</u> City State ZIP Code Contact phone <u>847-991-2020</u> Contact email <u>jeff@ProOpticsGroup.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
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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: 9 3 0 6

7. How much is the claim? \$ 1365.12 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.
Goods Sold

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:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

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).

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).

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 4/01/22 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 09/09/2019
MM / DD / YYYY



Signature

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

Name Jeffrey D. Kohnke
First name Middle name Last name

Title President

Company Pro-Optics LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 317 N Woodwork Ln
Number Street

Palatine IL 60067
City State ZIP Code

Contact phone 847-991-2020 Email jeff@ProOpticsGroup.com



ProOptics LLC
 317 N. Woodwork Lane
 Palatine, Illinois 60067

847/991-2020 Tel
 847/991-9696 Fax
 service@ProOpticsGroup.com

Invoice

Date	SO.#	Invoice#
2/6/2019	27748	273812

Bill To
FRED'S INC. ACCOUNTS PAYABLE 4300 NEW GETWELL ROAD PO BOX 18356 MEMPHIS, TN 38118-0359

Ship To
FREDS DC DUBLIN 125 VALAMBROSIA RD DUBLIN, GA 31021

PO.#		Terms	Due Date	Account #	Shipped	Shipped Via		
274284		1% 30, NET 60	4/7/2019	FRE09306	2/6/2019	SAIA		
Quantity	Ordered	Prev. Invt	Backordered	Item	Description	U/M	Unit Price	Amount
1,728	1,728	0	0	225-2	Optic Shop™ Tight-Top™ Contact Lens Case 2-pack	ea	0.79	1,365.12T

Thank you for your order. All sales final unless notified of any issues within 48 hours of receipt.	Subtotal	\$1,365.12
	Sales Tax (0.0%)	\$0.00
	Total	\$1,365.12
	Payments/Credits	\$0.00
	Balance Due	\$1,365.12

Extremely Urgent

This envelope is for use with

SHIPPING / RECEIVING DEPT.
(847) 991-2020
PRO - OPTICS
317 N WOODWORK LN
PALATINE IL 60067-4932

1 LBS

1 OF 1

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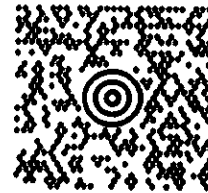
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SEP 16 2019
LEGAL SERVICES

SHIP TO:
PROCESSING CENTER C/O EPIQ CORPORAT
FREDS, INC. CLAIMS
10300 SW ALLEN BLVD
BEAVERTON OR 97005-4833



OR 972 4-70



UPS GROUND

TRACKING #: 1Z 619 684 03 4981 1704



BILLING: P/P

Purchase No.: Freds, Inc. Claim

WB 22.0.15 Zebra ZP 450 15.0A 07/2010

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S

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