

Fill in this information to identify the case:

Debtor 1 Bridgeport Health Care Center Inc.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: District of Connecticut
 Case number 18-50488 jam

FILED
 2018 MAY 14 P 2:07
 CLERK U.S. BANKRUPTCY COURT
 DISTRICT OF CONNECTICUT
 BRIDGEPORT

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, 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.

Filed: USBC - District of Connecticut
 The Rosegarden Health and Rehabilitation
 Center LLC (B10)
 18-30623 (AMN)



Part 1: Identify the Claim

1. Who is the current creditor? HOBART SERVICE
 Name of the current creditor (the person or entity to be paid for this claim) **BCI**
 Other names the creditor used with the debtor Hobart Sales and Service

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>HOBART SERVICE</u> Name <u>701 S. RIDGE AVE</u> Number Street <u>TROY OH 45374</u> City State ZIP Code Contact phone <u>937-332-2781</u> Contact email <u>vonda.manahan@hobartservice.com</u>	Where should payments to the creditor be sent? (if different) <u>HOBART SERVICE</u> Name <u>PO BOX 2517</u> Number Street <u>CAROL STREAM IL 60132</u> 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: 4 3 2 6

7. How much is the claim? \$ 1,530.67. 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/SERVICE

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: \$ 1,530.67 (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:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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

\$ _____

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).

\$ _____

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).

\$ _____

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.

\$ _____

* 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.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

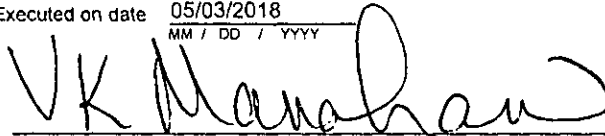
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

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 05/03/2018

MM / DD / YYYY



Signature

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

Name Vonda K Manahan
First name Middle name Last name

Title Credit Analyst/Collections

Company Hobart Service/ITW
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 701 S. RIDGE AVE
Number Street
TROY OH 45374
City State ZIP Code

Contact phone 937-332-2781 Email Vonda.manahan@hobartservice.com



8515 Industry Park Drive
 Piqua, OH 45356
 US

Invoice

Invoice number: 26713628
 Originating Invoice #:
 Date: 3/1/2018
 Page: 1 of 1
 Sales order: 8714244
 Sales date: 3/1/2018
 Customer PO number: MANOR
 Due date: 3/31/2018
 Terms: N30
 Bill-to account num: 1095876
 Ship complete: No
 Mode of delivery: Next Day Air Delivery
 Delivery terms: Third Party Billing

Bill to
 BRIDGEPORT MANOR
 540 Bond St
 Bridgeport , CT 06610

Ship to
 BRIDGEPORT MANOR
 540 Bond St
 Bridgeport , CT 06610

Item number	Brand	Description	Quantity	Unit	Unit price	Disc. pct.	Total
00-274227-00006	HOBART	SEAL	2	PC	66.16		132.32

Please submit payment to:
 Hobart Service
 ITW Food Equipment Group LLC
 P.O. Box 2517
 Carol Stream, IL 60132-2517

Direct all inquiries to:
 Service Parts Support
 800 979-3834 or 937 332-7170
 Piqua, OH 45356

Sales of Hobart Service products and services are expressly limited to and made conditional on acceptance of its current Terms and Conditions of Sale, found at www.hobartservice.com ("Terms"). Any additional or different terms are hereby rejected. Commencement of work by Hobart Service or acceptance of delivery of products constitutes your acceptance of the Terms.

Subtotal: 132.32
 Taxes: 8.40
 Invoice total: 140.72
 Payments: 0.00
 Total due: 140.72

Payments

Total payments 0.00



Invoice

8515 Industry Park Drive
Piqua, OH 45356
US

Invoice number: 26737457
Originating Invoice #:
Date: 3/19/2018
Page: 1 of 1
Sales order: 8720932
Sales date: 3/19/2018
Customer PO number: manor
Due date: 4/18/2018
Terms: N30
Bill-to account num: 1095876
Ship complete: No
Mode of delivery: Standard Ground Freight
Delivery terms: Prepaid

Bill to
BRIDGEPORT MANOR
540 Bond St
Bridgeport , CT 06610

Ship to
BRIDGEPORT MANOR
540 Bond St
Bridgeport , CT 06610

Item number	Brand	Description	Quantity	Unit	Unit price	Disc. pct.	Total
00-271002-00001	HOBART	VALVE,SOLENOID,3/4",110-120V	1	PC	209.54		209.54
Misc. charges		Description					Total
FR		Shipping & Handling					16.00

Please submit payment to:
Hobart Service
ITW Food Equipment Group LLC
P.O. Box 2517
Carol Stream, IL 60132-2517

Direct all inquiries to:
Service Parts Support
800 979-3834 or 937 332-7170
Piqua, OH 45356

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Subtotal:	225.54
Taxes:	14.33
Invoice total:	239.87
Payments:	0.00
Total due:	239.87

Payments	
Total payments	0.00



Invoice

8515 Industry Park Drive
Piqua, OH 45356
US

Invoice number: 26524233
Originating Invoice #
Date: 10/11/2017
Page: 1 of 1
Sales order: 8661566
Sales date: 10/11/2017
Customer PO number: CHRIS - WAYNE
Due date: 11/10/2017
Terms: N30
Bill-to account num: 1204326
Ship complete: No
Mode of delivery: Standard Ground Freight
Delivery terms: Prepaid

Bill to
BRIDGEPORT HEALTH
600 Bond St
Bridgeport, CT 06610
US

Ship to
BRIDGEPORT HEALTH
600 Bond St
Bridgeport, CT 06610
US

Item number	Brand	Description	Quantity	Unit	Unit price	Disc. pct.	Total
00-892817-00005	HOBART	HEATER,TANK 480/3,15KW	1	PC	408.87		408.87
Misc. charges		Description					Total
FR		Shipping & Handling					16.00

Please submit payment to:
Hobart Service
ITW Food Equipment Group LLC
P.O. Box 2517
Carol Stream, IL 60132-2517

Direct all inquiries to:
Service Parts Support
800 979-3834 or 937 332-7170
Piqua, OH 45356

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Subtotal:	424.87
Taxes:	26.98
Invoice total:	451.85
Payments:	0.00
Total due:	451.85

Payments	
Total payments	0.00



Invoice

8515 Industry Park Drive
Piqua, OH 45356
US

Invoice number 26532443
Originating Invoice #
Date 10/17/2017
Page 1 of 1
Sales order 8663803
Sales date 10/17/2017
Customer PO number DHCC
Due date 11/16/2017
Terms N30
Bill-to account num 1204326
Ship complete No
Mode of delivery Second Day Air Delivery
Delivery terms Prepaid

Bill to
BRIDGEPORT HEALTH
600 Bond St
Bridgeport, CT 06610
US

Ship to
BRIDGEPORT HEALTH
600 Bond St
Bridgeport, CT 06610
US

Item number	Brand	Description	Quantity	Unit	Unit price	Disc. pct.	Total
00-919172	HOBART	VALVE, SOLENOID 1" STEAM	1	PC	467.25		467.25
00-087713-041-1	HOBART	CONTACTOR	1	PC	130.29		130.29
Misc. charges		Description					Total
FR		Shipping & Handling					30.71

Please submit payment to:
Hobart Service
ITW Food Equipment Group LLC
P.O. Box 2517
Carol Stream, IL 60132-2517

Direct all inquiries to:
Service Parts Support
800 979-3834 or 937 332-7170
Piqua, OH 45356

Sales of Hobart Service products and services are expressly limited to and made conditional on acceptance of its current Terms and Conditions of Sale, found at www.hobartservice.com ("Terms"). Any additional or different terms are hereby rejected. Commencement of work by Hobart Service or acceptance of delivery of products constitutes your acceptance of the Terms.

Subtotal:	628.25
Taxes:	39.89
Invoice total:	668.14
Payments:	0.00
Total due:	668.14

Payments	
Total payments	0.00



Invoice

8515 Industry Park Drive
Piqua, OH 45356
US

Invoice number: 26537937
Originating Invoice #:
Date: 10/20/2017
Page: 1 of 1
Sales order: 8665356
Sales date: 10/20/2017
Customer PO number: DHCC
Due date: 11/19/2017
Terms: N30
Bill-to account num: 1204326
Ship complete: No
Mode of delivery: Standard Ground Freight
Delivery terms: Prepaid

Bill to
BRIDGEPORT HEALTH
600 Bond St
Bridgeport, CT 06610
US

Ship to
BRIDGEPORT HEALTH
600 Bond St
Bridgeport, CT 06610
US

Item number	Brand	Description	Quantity	Unit	Unit price	Disc. pct.	Total
00-918322	HOBART	CONTACTOR,3-P,40A	2	PC	71.29		142.58
Misc. charges		Description					Total
FR		Shipping & Handling					16.00

Please submit payment to:
Hobart Service
ITW Food Equipment Group LLC
P.O. Box 2517
Carol Stream, IL 60132-2517

Direct all inquiries to:
Service Parts Support
800 979-3834 or 937 332-7170
Piqua, OH 45356

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Subtotal:	158.58
Taxes:	10.07
Invoice total:	168.65
Payments:	-138.56
Total due:	30.09

Payments	Reference:	
Total payments		138.56
		138.56

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18-50488
CASE NO.

7-1
COURT CLAIM NO.

5/15/2018
DATE RETRIEVED

SH
RECEIVED BY