

RECEIVED

MAY 15 2020

LEGAL SERVICES

Fill in this information to identify the case:

Debtor 1 NYLONCRAFT, INC

Debtor 2
(Spouse, if filing) _____

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

Case number 20-11051 Ch11

Filed: USBC - District of Delaware
Techniplas, LLC (B10)
20-11049 (LSS)

TCP



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?	<u>Lincoln Automotive Financial Services</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>CAB East LLC</u>	
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>Lincoln Automotive Financial Services</u> Name <u>PO BOX 62180</u> Number Street <u>COLORADO SPRINGS CO 80962-2180</u> City State ZIP Code Contact phone <u>1-800-955-8532</u> Contact email <u>fcffald@ford.com</u>	Where should payments to the creditor be sent? (if different) <u>Lincoln Automotive Financial Services</u> Name <u>Dept 55953 P.O. Box 55000</u> Number Street <u>Detroit MI 48255-0953</u> City State ZIP Code Contact phone <u>1-800-955-8532</u> Contact email <u>fcffald@ford.com</u>
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: <u>2 6 9 8</u>
7. How much is the claim?	<u>\$ 1,289.97</u> 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. <u>True Lease</u>
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 <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . ☐ 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. \$ <u>Arrears:0.00, Misc:0.00</u>
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

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 \$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.

\$ _____

* 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).

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 05/08/2020
MM / DD / YYYY

/s/ SONYA GRAHL

Signature

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

Name	Sonya		Grah	
	First name	Middle name	Last name	
Title	Account Services Representative			
Company	Lincoln Automotive Financial Services			
	Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	PO BOX 62180			
	Number	Street		
	COLORADO SPRINGS	CO	80962-2180	
	City	State	ZIP Code	
Contact phone	1-800-955-8532		Email	fcffald@ford.com

Itemized Statement Required by Bankruptcy Rule 3001 (c) (2) (A) as of Petition Date

Ford Motor Credit Company, LLC

Debtor Name: NYLONCRAFT, INC

Account Number: 2698

Remaining Payments 1,289.97

Late Charges: + 0.00

Fees: + 0.00

Other: - 0.00

Amount of Claim: 1,289.97

1. ORIGINAL PLY 2 - LESSEE PLY 3 - LESSOR PLY 4 - CO-LESSEE/GUARANTOR

LESSOR: CAMPSHAW, RICHARD L. INC. 10001 1st Ave S, Minneapolis, MN 55426

LESSEE: NYLKNIGHT, INC. 10001 1st Ave S, Minneapolis, MN 55426

CO-LESSEE: NYLKNIGHT, INC. 10001 1st Ave S, Minneapolis, MN 55426

VEHICLE: 2017 Chevrolet Equinox

DATE: 10/10/2017

1. Amount Due at Delivery: \$1,000.00

2. Monthly Payment: \$1,000.00

3. Total of Monthly Payments: \$1,000.00

4. Amount Due at Lease Termination: \$1,000.00

5. Total of Monthly Payments: \$1,000.00

6. Amount Due at Lease Termination: \$1,000.00

7. Total of Monthly Payments: \$1,000.00

8. Amount Due at Lease Termination: \$1,000.00

9. Total of Monthly Payments: \$1,000.00

10. Amount Due at Lease Termination: \$1,000.00

11. Total of Monthly Payments: \$1,000.00

12. Amount Due at Lease Termination: \$1,000.00

13. Total of Monthly Payments: \$1,000.00

14. Amount Due at Lease Termination: \$1,000.00

15. Total of Monthly Payments: \$1,000.00

16. Amount Due at Lease Termination: \$1,000.00

17. Total of Monthly Payments: \$1,000.00

18. Amount Due at Lease Termination: \$1,000.00

19. Total of Monthly Payments: \$1,000.00

20. Amount Due at Lease Termination: \$1,000.00

21. Total of Monthly Payments: \$1,000.00

22. Amount Due at Lease Termination: \$1,000.00

23. Total of Monthly Payments: \$1,000.00

24. Amount Due at Lease Termination: \$1,000.00

25. Total of Monthly Payments: \$1,000.00

26. Amount Due at Lease Termination: \$1,000.00

27. Total of Monthly Payments: \$1,000.00

28. Amount Due at Lease Termination: \$1,000.00

29. Total of Monthly Payments: \$1,000.00

30. Amount Due at Lease Termination: \$1,000.00

31. Total of Monthly Payments: \$1,000.00

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90. Amount Due at Lease Termination: \$1,000.00

91. Total of Monthly Payments: \$1,000.00

92. Amount Due at Lease Termination: \$1,000.00

93. Total of Monthly Payments: \$1,000.00

94. Amount Due at Lease Termination: \$1,000.00

95. Total of Monthly Payments: \$1,000.00

96. Amount Due at Lease Termination: \$1,000.00

97. Total of Monthly Payments: \$1,000.00

98. Amount Due at Lease Termination: \$1,000.00

99. Total of Monthly Payments: \$1,000.00

100. Amount Due at Lease Termination: \$1,000.00

Lincoln Automotive Financial Services
P O BOX 63010
COLORADO SPRINGS, CO 80962-3010

Date: 06/21/2017
Acct Nbr: XXXXXXXXXX
Dealer: CAMPBELL FORD LINC-MERC
2801 SOUTH ELEVENTH ST
NILES, MI 49120
Leased Property: 2017 LINC CONTL
Vin: 1LN6L9NC9H5611423
Date of Lease: 06/16/2017

NYLONCRAFT, INC
616 W MICHINLEY AVE
MISHAWAKA, IN 46545

Dear Lessee:

We are pleased to provide the financing for your lease of the property described above. On reviewing the lease agreement, we noticed and corrected the following error(s).

Section 12 of your lease agreement should have N/A marked on both blank lines.

The use box was noted incorrectly. The correct use is Business.

No further action is required from you. Keep this notice as your record of the change(s) made. If you have any questions do not hesitate to contact us at the address above.

Sincerely,

Lincoln Automotive Financial Services



STATE OF INDIANA

CERTIFICATE OF TITLE FOR A VEHICLE

MAKE LINCOLN	MODEL NAME CONTINENTAL RESERVE	BODY TYPE 4S	YEAR 2017	VIN 1LN6L9NC9H5611423
TITLE TYPE NORMAL	FORMER TITLE/STATE C OF O/IN	PURCHASE DATE 06/16/17	ISSUE DATE 07/03/17	USAGE TAX PAID \$0.00

OWNER(S) NAME CAB EAST LLC PO BOX 105704 ATLANTA GA 303485704	ODOMETER/BRAND 000223/ACTUAL	BRAND(S)
--	---------------------------------	----------



MAILING ADDRESS

HTD LEASING LLC
PO BOX 105704
ATLANTA GA 303485704

ADDITIONAL OWNER(S)



FIRST HOLDER OF LIEN, MORTGAGE OR ENCUMBRANCE

HTD LEASING LLC
PO BOX 105704
ATLANTA GA 303485704

FIRST LIEN, MORTGAGE OR ENCUMBRANCE RELEASED BY:

X

PRINTED NAME:

POSITION:

DATE:

SECOND HOLDER OF LIEN, MORTGAGE OR ENCUMBRANCE

SECOND LIEN, MORTGAGE OR ENCUMBRANCE RELEASED BY:

X

PRINTED NAME:

POSITION:

DATE:

THIRD HOLDER OF LIEN, MORTGAGE OR ENCUMBRANCE

THIRD LIEN, MORTGAGE OR ENCUMBRANCE RELEASED BY:

X

PRINTED NAME:

POSITION:

DATE:

The Commissioner of the Bureau of Motor Vehicles, pursuant to the laws of the State of Indiana, certifies that the vehicle/watercraft has been duly titled and the owner of the described vehicle/watercraft is subject to the liens set forth.

INDIANA BUREAU OF MOTOR VEHICLES

Peter L. Lacy, Commissioner

G2565217

State Form 9697 (R10 / 1-17)
Approved by State Board of Accounts, 2016

TITLE NUMBER

17392124000074

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS



FORD CREDIT

P.O. Box 62180
Colorado Springs, CO 80962-2180
USA

SENT BY

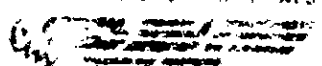
CREDIT

POSTAGE

PAID



POSTAGE WILL BE PAID BY ADDRESSEE



POSTAGE \$ 000.65⁰

Epic Corporate Restructuring, LLC
777 Third Ave, 12th Floor
New York, NY 10017.

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MAY 15 2020
EPIQ

10017-130212



COPY

Document Control