UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

PROOF OF CLAIM

In re

Wickes Inc

Case Number

04-B-02221-BWB

YOUR CLAIM IS SCHEDULED AS

$15,699 82 UNSECURED

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

05707908025833
ALH BUILDING SYSTEMS
PO BOX 408
MARKLE, IN 46770-0408

Creditor Telephone Number ( )

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent, Unliquidated or Disputed a proof of claim must be filed
If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

CREDITOR TAX I D #
35-1370584

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☑ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 15,699.82 (unsecured) $ _____ (secured) $ _____ (unsecured priority)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $ _____

6 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) _____

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents,* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before the Deadline to File a Proof of Claim as set forth in the "NOTICE OF COMMENCEMENT OF CASE UNDER CHAPTER 11 OF THE BANKRUPTCY CODE, MEETING OF CREDITORS, FIXING OF CERTAIN DATES AND SETTING OF CERTAIN CASE MANAGEMENT AND ADMINISTRATIVE PROCEDURES "

BY MAIL TO
Wickes Inc c/o Bankruptcy Management Corporation
P O BOX 1016
El Segundo CA 90245-1016

BY HAND OR OVERNIGHT DELIVERY TO
Wickes Inc c/o Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

FILED
APR 1 5 2004
BMC
Wickes Inc
00093

DATE SIGNED
4-12-04

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

G V.P. / Maurice L Cossart V.P.

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

ALH Building Systems
US 224 West
P O Box 408
Markle, In 46770
Phone (260) 758-2141 Ext 0000

S T A T E M E N T

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*************************************
* Wickes Lumber                     *
* PO Box 2011                       *
* Vernon Hills, IL    60061         *
*                                   *
*                                   *
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Date	Apr 12, 2004
Credit Limit	No Limit
Account Number	1542
Normal Terms	Net 10 Days

Reference #	Date	Code	Description	Amount	Balance
005980	10/27/03	I	Wickes-N W Meadows#15 Trusse	5650 00	5650 00

Payment Due Per Contract Terms

Amount Due 5,650 00

Current	30 Days	60 Days	90+ Days
00	00	00	5,650 00

Codes I=Invoice C=Credit F=Fin Chg P=Payment W=Warranty
D=Debit Memo B=Balance SP=Sched Payment S=Service/Repair
A=Disc Allowed CR=Cash Refund WO=Writeoff

ALH Building Systems
US 224 West
P O Box 408
Markle, In 46770
Phone (260) 758-2141 Ext 0000

S T A T E M E N T

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*************************************
* Wicke's Lumber - Marion           *
* 706 Deerpath Dr                   *
* Vernon Hills, IL    60061         *
*                                   *
*                                   *
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Date	Apr 12, 2004
Credit Limit	No Limit
Account Number	1556
Normal Terms	Net Per Cont

Reference #	Date	Code	Description	Amount	Balance
006182	01/09/04	I	Maxx Tann	4149 82	4149 82
006192	01/13/04	I	Lot 113 Timber Valley	5900 00	10049 82
006242	02/10/04	I	NW Meadows Lot #17	5100 00	15149 82
2571588	01/29/04	P	Payment - Thank You	5100 00CR	10049 82

Payment Due Per Contract Terms

Amount Due 10,049 82

Current	30 Days	60 Days	90+ Days
00	00	10,049 82	00

Codes I=Invoice C=Credit F=Fin Chg P=Payment W=Warranty
D=Debit Memo B=Balance SP=Sched Payment S=Service/Repair
A=Disc Allowed CR=Cash Refund WO=Writeoff