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

$2 584 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

☐ 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

Name of Creditor and Address

05707908034164
POWER TRUSS CO
PO BOX 431
MAYFIELD, KY 42066-0431

Creditor Telephone Number ( ) 270-247-4180

CREDITOR TAX I D #

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 12-02-03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 2,584.82 (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 19 2004
BMC
Wickes Inc
00316

DATE SIGNED
4-13-2004

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)
Lynn Powell SEC/TREAS

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

POWER TRUSS, INC.

P O Box 431 * Mayfield, KY 42066
Phone (270) 247-4180
1-800-637-8787

Duplicate Invoice

Sold To WICKES LUMBER COMPANY
385 NORTH DRIVE
HOPKINSVILLE, KY 42240

SHIP TO COLSTON / GILKEY

Customer Phone 270-886-0119

Purchase Order	Ordered by
4846005	JOHN
Job No	**Order Date**
47268	11/25/03
Invoice No	**Invoice Date**
50203	12/02/03

Terms All bills are due by the 10th of each month Please pay promptly — **From Quote # 1109**

Design Loading	Spacing	Representative
50 PSF	16" O C	Robert Green

Quantity	Mark	Pitch in 12	Length Feet	Length Inches	Type (See Below)	Top Chord 2x	Btm Chord 2x	Overhangs Front or Left (In)	Overhangs Rear or Right (In)	Special Notes	Cost Per Item	Extension
10	A	-	38	0	JSI	-	-	-	-	11 1/4" DEEP	55 48	554 80
19	B	-	28	0	JSI	-	-	-	-	11 1/4" DEEP	40 88	776 72
6	C	-	16	0	JSI	-	-	-	-	11 1/4" DEEP	23 36	140 16
	D	-	18	0	JSI	-	-	-	-	11 1/4" DEEP	26 28	657 00
2	E	-	12	0	LVL	-	-	-	-	11 1/4" DEEP 1 - 2 PLY	47 88	95 76
2	F	-	8	0	LVL	-	-	-	-	11 1/4" DEEP 1 - 2 PLY	31 92	63 84
3	G	-	38	0	LVL	-	-	-	-	11 1/4" DEEP 1 - 3 PLY	151 62	454 86
22	H	-	12	0	RIM	-	-	-	-	11 1/4" DEEP	19 92	438 24
12					HANGER					THF251125 FACE MOUNT HANGER	3 05	36 60
1					HANGER	-	-	-	-	THD412 2 PLY LVL HANGER	13 05	13 05

Sub-Total		3,231 03
Discount	20%	646 21
Sales Tax	0 00%	0 00
Delivery Charge		0 00
Please Pay This Amount		**2,584 82**