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

$2,323 06 UNSECURED

See Attached Copies

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

05707908027604
CUSTOM TRUSS INC
ROUTE 253
PO BOX 9
GLASGOW, PA 16644-0009

Creditor Telephone Number (814) 687-4211

☐ 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 # 25-1768892

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 $ 482.70 (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

DATE SIGNED 4/15/04

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)

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

THIS SPACE FOR COURT USE ONLY

FILED

APR 2 0 2004

BMC

Wickes Inc

00418

In re

WICKES INC
[Tax ID 36-3554758]
706 North Deerpath Drive
Vernon Hills, IL 60061

Debtor

Chapter 11
Case No 04-02221

Honorable Bruce W Black

NOTICE OF COMMENCEMENT OF CASE UNDER CHAPTER 11 OF THE BANKRUPTCY CODE, MEETING OF CREDITORS, AND FIXING OF DATES

Name and Address of Attorneys for Debtor

David N Missner, Esq
Marc I Fenton, Esq
Steven J Christenholz, Esq
Piper Rudnick LLP
203 North LaSalle Street
Suite 1800
Chicago IL 60601-1293

Telephone Number (312) 368-4000
Fax Number (312) 236-7516

AND

Richard M Bendix, Jr , Esq
Mark B Butterman, Esq
David E Beker, Esq
Schwartz, Cooper, Greenberger & Krauss
180 North LaSalle Street
Suite 2700
Chicago, IL 60601-1293

Telephone Number (312) 346-1300
Fax Number (312) 782-8416

Name and Address of Attorneys for Official Committee of Creditor's Holding Unsecured Claims

Fruman Jacobson Esq
Robert E Richards, Esq
Pia N Thompson Esq
Patrick Maxcy Esq
Sonnenschein Nath & Rosenthal LLP
8000 Sears Tower
Chicago, IL 60606

Telephone Number (312) 876-8000 Fax Number (312) 876-7934

DATE, TIME AND LOCATION OF SECTION 341(a) MEETING OF CREDITORS

Date: April 28, 2004 Time: [illegible]
Location: 227 W. Monroe, Suite [illegible]
Chicago, IL 60606

DEADLINE TO FILE A PROOF OF CLAIM
For all creditors (other than governmental units) May 26, 2004
For governmental units July 17, 2004

Any Claims against the Debtor must be filed with the claims agent appointed by the United States Bankruptcy Court for the Northern District of Illinois, Eastern Division (the "Court"), Bankruptcy Management Corp (the "Claims Agent"), by submitting a proof of claim to the address listed below for the Official Noticing and Claims Agent

Name and Address of Clerk of Court

Office of the Clerk of the Bankruptcy Court
219 South Dearborn
Chicago, IL 60604

Telephone Number (312) 435-5694
Website Address http //www ilnb uscourts gov

Name and Address of Official Noticing and Claims Agent for Clerk of Court (i e , where Proofs of Claim should be filed)

By hand/courier

Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo CA 90245

By mail

PO Box 1016
El Segundo, CA 90245-1016

Telephone Number (888) 909-0100

CUSTOM TRUSS INC
P O BOX 9
ROUTE 253
GLASGOW, PA 16644

Statement

Statement Date
Apr 14, 2004

Voice 814 687 4211
Fax 814 687 3359

Customer Account ID
WICKES

Account Of WICKES LUMBER BLDG
WICKES LUMBER COMPANY
P O BOX 2014
VERNON HILLS,, IL 60061
USA

Amount Enclosed
$

Date	Due Date	Reference	Paid	Description	Amount	Balance
12/18/03	1/7/04	4617	Full	PO# 0655110	670 96	670 96
12/18/03	1/7/04	4618	Full	PO# 0655107	705 80	1,376 76
12/18/03	1/7/04	4619	Full	PO# 0655113	456 00	1,832 76
12/18/03	1/7/04	4620	Part	PO# 0655115	490 30	2,323 06
3/4/04		2574440		Payment	-1,835 36	487 70

Total 487 70

0 - 20	21 - 40	41 - 60	Over 60 days
0 00	0 00	0 00	487 0

HAPPY HOLIDAYS

Invoice

CUSTOM TRUSS INC
P O BOX 9
ROUTE 253
GLASGOW, PA 16644

Voice 814 687 4211
Fax 814 687 3359

Invoice Number
4620

Invoice Date
Dec 18, 2003

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1

Sold To
WICKES LUMBER BLDG
WICKES LUMBER COMPANY
P O BOX 2014
VERNON HILLS,, IL 60061
USA

Ship to
P O 0655115-JED HARRIS-SPRINGFIELD VA
OUR JOB 291

Customer ID	Customer PO	Payment Terms
WICKES	0655115	Net 20 Days

Sales Rep ID	Shipping Method	Ship Date	Due Date
BRINI	Best Way	12/18/03	1/7/04

Quantity	Item	Description	Unit Price	Extension
1 00		TRUSSES PER QUOTE	490 30	490 30

Subtotal	490 30
Sales Tax	
Total Invoice Amount	490 30
Payment/Credit Applied	
TOTAL	490 30

Check/Credit Memo No

We will add finance charges on invoices more than 20 days overdue

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