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

$295 12 UNSECURED

REC'D APR 23 2004

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

Name of Creditor and Address

05707908024880
MARION MUNICIPAL UTILITIES
PO BOX 718
MARION, IN 46952-0718

Creditor Telephone Number (765) 664-2397

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 #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated
	214-230-00-00	

1 BASIS FOR CLAIM

☐ Goods sold
☑ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☑ Other (describe briefly) Utilities
☐ 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 1/15/04

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 324.63 (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

Wickes Inc
00716

THIS SPACE FOR COURT USE ONLY

FILED
UNITED STATES BANKRUPTCY COURT
APR 16 2004
KENNETH S GARDNER
MAILROOM - MM

DATE SIGNED	**SIGN** and print the name and title if any of the creditor or other person author this claim (attach copy of power of attorney if any)
4-13-04	Mendy Cox, Office Manager Mendy Cox, Office Manager

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

MARION UTILITIES
PO BOX 718
MARION, IN 46952-0718
ADDRESS SERVICE REQUESTED

CHECK
CASH
MONEY ORDER

AFTER DUE DATE PAY AMOUNT	DUE DATE	AMOUNT DUE
324 63	02/10/2004	295 12

AMOUNT PAID

0021421423000003

ACCOUNT NUMBER	SERVICE ADDRESS
214-2300000	2701 W 2ND ST

MB1 36 6 1 43 1186
*****M FD AADC 473
WICKS LUMBER COMPANY #560
PO BOX 2011
VERNON HILLS IL 60061 8011

Make this Final Last Reading & Put in old acct

MARION MUNICIPAL UTILITIES
PO BOX 718
MARION IN 46952-0718

Detach here, return upper portion with payment

Please write your ACCOUNT NUMBER on your check

RETAIN THIS PORTION FOR YOUR RECORDS

ACCOUNT NUMBER	SERVICE NAME AND ADDRESS
214-2300000	WICKS LUMBER COMPANY #560 2701 W 2ND ST

SERVICE PERIOD		METER READING DATE		100 CU. FEET USED
FROM	TO	READ DATE	NEXT READ DATE	
12/12/2003	01/15/2004	01/15/2004		

ACTIVITY	SERVICE DESCRIPTION	PRIOR READING	PRESENT READING	USAGE	CHARGES
PREV BALANCE	12/16/2003				324 63
PENALTY					00
ADJUSTMENT					00
PAYMENT REC D	01/07/2004				324 63
BILL	STORMWATER COMM				280 00
BILL	SEWER ONLY RATE				15 12

AFTER DUE DATE PAY AMOUNT	DUE DATE	AMOUNT DUE
324 63	02/10/2004	295 12

MARION UTILITIES

PO BOX 718
MARION IN 46952-0718

OUR BUSINESS OFFICE HOURS
MONDAY THRU FRIDAY
8 30 A M TO 5 00 P M

FOR BILLING INFORMATION DURING BUSINESS HOURS CALL
765-664-2391

EMERGENCY SERVICE NUMBER
664-2391

PAYMENTS MAY BE MADE AT SOME LOCAL BANKS AND MARKETS

PENALTIES BASIS

Water 10% first $3 00 and 3% over $3 00

Sewer 10%

Stormwater 10%

~~WE WILL BE CLOSED ON MONDAY, FEBRUARY 16TH TO OBSERVE PRESIDENT'S DAY~~

THERE WILL BE A $20 00 FEE ON ALL CHECKS RETURNED FOR NON-SUFFICIENT FUNDS

IF YOU HAVE BEEN TURNED OFF FOR DELINQUENCY, THERE IS A 4 HOUR SCHEDULED APPOINTMENT TIME FOR RECONNECTION ANY PAYMENT AFTER 1 00 P M WILL BE SCHEDULED FOR THE NEXT MORNING

APPROVED BY STATE BOARD OF ACCOUNTS FOR CITY OF MARION 1997