UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

PROOF OF CLAIM

In re
Wicks, Inc ,
[Tax ID 36-3554758]
706 N Deerpath Drive
Vernon Hills, IL 60061

Case Number
Chapter 11
Case No 04-02221
Hon Bruce W Block

YOUR CLAIM IS SCHEDULED AS

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

05708375044249
SAVALLI, FRANK
11119 SHERWOOD DR
FREDERIC, MI 49733-9628

Creditor Telephone Number ( )

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 #
SS# 364-46-9216

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 Workers' Compensation 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 364-46-9216
Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED 1/3/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ Workers Compensation claim in Michigan still pending (unsecured) $ _____ (secured) $ adjudication (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
MAY 1 1 2004
BMC
Wickes Inc
01129

DATE SIGNED
5/6/05

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

PURSUANT TO STATUTE REQUEST IS HEREBY MADE FOR COPIES OF ALL MEDICAL, PAYROLL AND EMPLOYMENT RECORDS

APPLICATION FOR MEDIATION OR HEARING – FORM A

Michigan Department of Consumer & Industry Services
Bureau of Workers Disability Compensation
P O Box 30016, Lansing MI 48909

1st

APPLICATION TYPE
☐ Initial ☐ Penalty Only
☒ Amended ☐ VR Only

MEDIATION REQUESTED?
☐ Yes ☒ No

THIS FORM TO BE USED BY EMPLOYEES ONLY
A SEPARATE BWC-104A MUST BE FILED FOR EACH EMPLOYER INCOMPLETE APPLICATIONS SHALL BE RETURNED

1 NAME OF EMPLOYEE (Last First MI) Frank Paul Savalli		2 SOCIAL SECURITY NUMBER 364-46-9216	3 DATE OF BIRTH 11/26/45
4 STREET NUMBER AND NAME 11119 Sherwood		8 TAX FILING STATUS ☐ A Single ☐ C Married Filing Joint ☒ B Single Head of Household ☐ D Married Filing Separate	
5 CITY	6 STATE / 7 ZIP CODE		
9 SEX ☒ Male ☐ Female		10 DATE OF DEATH (If Applicable) N/A	
11 NAME OF DEPENDENTS James Savalli		12 RELATIONSHIP TO EMPLOYEE Son	13 BIRTHDATE 1/19/84
Steven Savalli		Son	12/19/86

14 NAME OF EMPLOYER Wickes Lumber (United Building Center)		20 DATES OF EMPLOYMENT FROM 1995 TO	
15 FEDERAL I D NUMBER (If Known)		21 EARNINGS $ $450.00 ~~HOURLY~~/WEEKLY	
16 STREET ADDRESS Old 27 - P.O. Box 306		22 CITY OF INJURY Gaylord	
17 CITY Gaylord	18 STATE MI / 19 ZIP CODE 49738	23 COUNTY OF INJURY Otsego	

24 DATE(S) OF INJURY	DURATION OF DISABLEMENT FROM	TO	INSURANCE CARRIER (DO NOT FILL IN)
9/23/99	9/23/99	present intermittently	
LDW 1/3/03	1/3/03	present & continuing	

25 DESCRIBE THE NATURE OF THE DISABILITY AND THE MANNER IN WHICH THE INJURY OR DISABLEMENT OCCURRED AND SPECIFY THE RELIEF SOUGHT
Please see attached.

26 DID THE EMPLOYEE HAVE ANY OTHER EMPLOYMENT AT THE TIME OF THE INJURY? ☐ YES ☒ NO
IF YES LIST NAME AND ADDRESS OF THE EMPLOYER AND GROSS WEEKLY WAGE

HAS A CLAIM BEEN FILED WITH THIS SECOND EMPLOYER? ☐ YES ☐ NO

27 HAS THE EMPLOYEE HAD ANY EMPLOYMENT SINCE THE DATE OF INJURY? ☐ YES ☒ NO
IF YES LIST THE NAME AND ADDRESS OF THE EMPLOYER

28 DOES THIS APPLICATION INVOLVE A DISPUTED CLAIM FOR MEDICAL BENEFITS? ☒ YES ☐ NO
IF YES GIVE APPROXIMATE AMOUNT

29 DOES THIS APPLICATION INVOLVE A DISPUTED CLAIM FOR WAGE LOSS BENEFITS? ☒ YES ☐ NO
IF YES HAS THE DISABILITY NOW ENDED? ☐ YES ☐ NO

30 HAS THE EMPLOYEE RETURNED TO WORK? IF YES DATE OF RETURN __/__/__ ☐ YES ☒ NO

#25 On 9/29/99 Truck Driver employee sustained severe and disabling injury to low back while unloading his truck with a dolly when the dolly, loaded with product, fell off of the ramp and employee twisted his back and fell attempting to stop the fall Continued employment involving climbing and alighting from the truck, loading and unloading product and other work involving strenuous lifting, bending stooping, pushing, pulling and the like further significantly aggravated this condition to a point of disability

BLOOMQUIST & ASSOCIATES
P.L.L.C.

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Fax (989) 348-7875

May 6 2004

Wickes Inc
c/o Bankruptcy Management Corporation
P O Box 1016
El Segundo CA 90245-1016

Re Wickes, Inc , Bankruptcy
Our Client, Frank Savalli

Gentlemen

Enclosed please find the completed Proof of Claim on behalf of our client, Frank Paul Savalli SS# 364-46-9216 Attached to the Proof of Claim is our Amended Application for Hearing

Thank you for your attention in this matter Should you have any questions please do not hesitate to contact me directly

Very truly yours

Terrence H Bloomquist
Bloomquist & Associates, PLLC

THB jlp
enclosure

xc Frank Paul Savalli
Robert Lipak
Jeffery Gwillim