| UNITED STATES BANKRUPTCY COURT<br>Northern District of Illinois | PROOF OF CLAIM |
|---|---|
| In re WICKES INC.<br>TAX ID 36-3554758 | Case Number<br>04-02221 |

**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

**Name of Creditor and Address**

05708375072365
MAXWELL COUNTERS
PO BOX 234
FARMER CITY, IL 61842-0234

Creditor Telephone Number (309) 928-2848

☐ 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

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 # 37-1217865

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** 11/25/03

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** $ 667.87 (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 5/20/04

**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)

KEVIN MAXWELL - PRESIDENT

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
MAY 24 2004
BMC
Wickes Inc
01376

# WICKES LUMBER COMPANY

TOLONO
ROUTE 45 SOUTH
P.O BOX C
TOLONO, IL 61880
PH# 217 485 6913 FAX# 217 485 3389

# PURCHASE ORDER

AMENDED 39203

P/O NO. 0687544
CENTER NO 068 VENDOR 5573548
SPECIAL ORDER NO 72510
P.O. DATE 10-28-03
DATE REQUIRED:
11-14-03

PURCHASED FROM:
MAXWELL COUNTERS
PO BOX 234
FARMER CITY , IL 61842

PH# 309 928 2848 FX# 309 928 2833
CONTACT: CHRIS

SHIP TO:
SANDERS C-TOPS
707 DOVE DR
COUNTRY RIDGE SUB
MAHOMET IL 61853

PRICES QUOTED BY: BOOK
***RASCHE, SANDERS***

TO THE VENDOR
THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS STATED IN THE WICKES LUMBER P O TERMS AND CONDITIONS ON FILE AT YOUR LOCATION IF ADDITIONAL COPIES ARE NEEDED PLEASE CONTACT THE WICKES LUMBER CORPORATE OFFICE A/P DEPT

IF YOU ARE UNABLE TO DELIVER THIS MATERIAL BY THE REQUIRED DATE, PLEASE NOTIFY US IMMEDIATELY. SUBSTITUTIONS NOT ACCEPTED UNLESS OTHERWISE NOTED. PACKING SLIP MUST ACCOMPANY SHIPMENT

THE P O NUMBER MUST APPEAR ON ALL CORRESPONDENCE
ENTERED BY: GOODEN, KATIE A

FOB: SHIPPING POINT RESALE PO TYPE: J

| QUANTITY ORDERED | ORDER UNIT | DESCRIPTION | SKU | NET UNIT COST | EXTENDED COST | |
|---|---|---|---|---|---|---|
| 1 | EA | EURO EDGE KITCHEN TOP 63" 7736-58 TUSCAN | 17010949 | 96.23 | 96 23 | 163 |
| 1 | EA | EURO EDGE KITCHEN TOP U-SHAPE 7736-58 TUSCAN | 17010950 | 509 57 | 509 57 | 220 |
| 1 | EA | NO-DRIP KITCHEN TOP 64" 7736-58 TUSCAN | 17010951 | 72 73 | 72 73 | 187 |

for 27.83 prev. Inv due.

SUBTOTAL 678.53 FREIGHT TOTAL 678 53

APPROVED BY AUTHORIZED SIGNATURE

ORDER MUST BE MANUALLY FORWARDED TO VENDOR ONCE PLACED-CONTACT VENDOR TO CANCEL

Call Katie When done 230 11/18

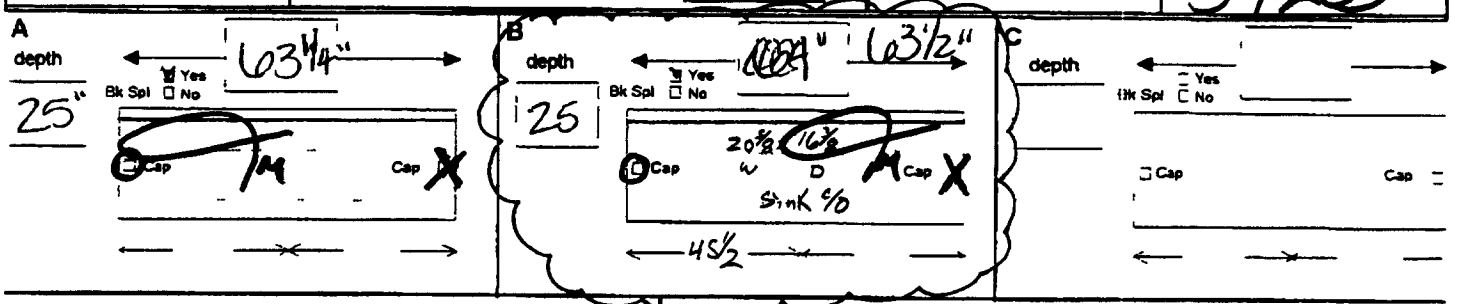
**Maxwell Counters, Inc.** **Order Form** Ph 309-928-2848

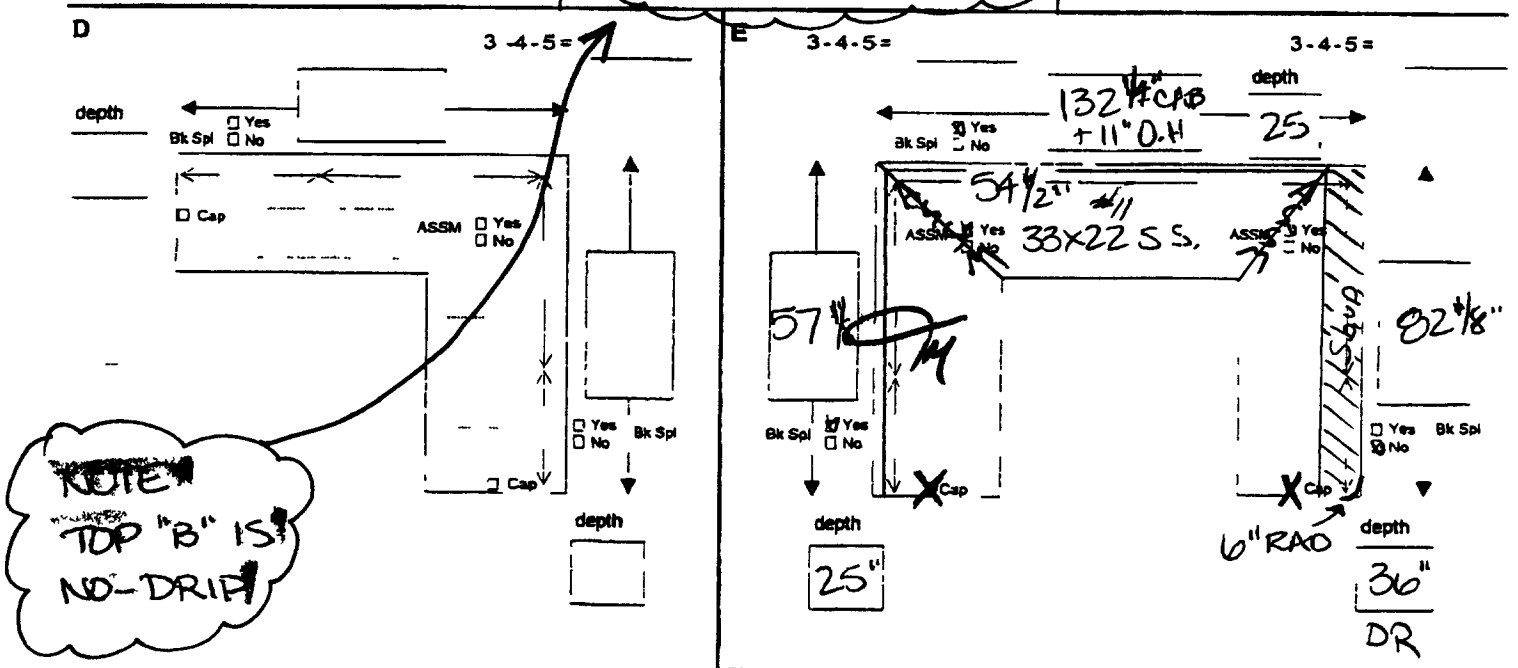
Fax 309-928-2833 Page ___ of ___

| | | |
|---|---|---|
| Company: WICKES 068 | Date Ordered: 10-17-03 | Customer / Job: RASCHE / SANDERS |
| Ordered By: KATIE | Date Needed: 11-10-03 | PO Number: |
| Countertops are made to customers specifications. NO returns are authorized. Special order materials may not be cancelled. This order approved by: | Ship To: 707 DOVE Hm PH: | Quote No: |
| | MAHOMET Wk PH: 202-0405 | Quoted Cost: |

**Style** CALL JOEL FOR DEL. **Color**

| Formed | Self-edge | Misc. | |
|---|---|---|---|
| ☐ No-Drip Post form | ☐ Self-edge - SE | ☐ Sheet Goods | Color No: 7736 Finish: 58 |
| ☐ WF - Waterall | ☐ SE - Bevel edge | ☐ Maple hardwood | Color Description: TUSCAN MARBLE - MATTE |
| ☐ Cove back SE - PFEV | ☐ SE - Wood edge (WE) | ☐ Marble | Bevel Color (if appl.): ☐ See additional info on second page |
| ☐ 180 Degree - E-top | | ☐ Other ___ | Maxwell Counter USE - Do not write in the space below |
| ☒ Euro - Bullnose | Complete for Wood-Edge tops only | Wood type ___ | Ship Date: ORDER Number: 39203 |
| ☐ Bevel edge | | Edge No ___ | Authorized By: |
| ☐ Cove back WE | | Stain ___ | |




Please indicate if caps are Bevel or Wood caps

Please note tops requiring backer and/or solid build-up

Total Number of Tops

| | | | |
|---|---|---|---|
| ☒ Quote Request | ☒ Materials Order | ☒ Finals | ☐ Field Measure → ☐ Measure checklist attached |

# Maxwell Counters Inc.

324 South Plum St. Box 234
Farmer City, Illinois 61842

(309) 928-2848 Fax (309) 928-2833

3

**INVOICE**
39203

**Sold To**

Customer: Wickes
Salesperson: Katie
Job Name: Rasche Sanders

**Ship To**

Owner
Address: 707 Dove
City: Mahomet
State: Zip

| Order Date | Ship Date | P O Number | Quote Number |
|---|---|---|---|
| | 11/25/2003 | 0687544 | |

Splash Edge

| Qty | Color | Size | Description | Shipped | BO |
|---|---|---|---|---|---|
| 1 | 7736-58 | 63x25dp | straight | 11/25/2003 | |
| 1 | | 64x25dp | straight | 11/25/2003 | |
| 1 | | 57x132(+11)x82(36) | u-shape sink | 11/25/2003 | |

| Subtotal | Meas/Del Chg | | Tax | Total |
|---|---|---|---|---|
| $642 87 | $0 00 | $25 00 | $0 00 | $667 87 |

# Maxwell Counters Inc.

# Packing Slip

324 South Plum St. Box 234
Farmer City, Illinois 61842

(309) 928-2848 Fax (309) 928-2833

3

Package Slip Number 1 **39203**

**Sold To**

| | |
|---|---|
| Customer | Wickes |
| Salesperson | Katie |
| Job Name | Rasche Sanders |

**Ship To**

| | |
|---|---|
| Owner | |
| Address | 707 Dove |
| City | Mahomet |
| State | Zip |

| Order Date | Ship Date | P O Number | Quote Number |
|---|---|---|---|
| | | 0687544 | |

| Qty | Color | Size | Description | Shipped | BO |
|---|---|---|---|---|---|
| | | Splash | Edge | | |
| 1 | 7736-58 | 63x25dp | straight | 11/25/2003 | |
| 1 | | 64x25dp | straight | 11/25/2003 | |
| 1 * miter broke | | 57x132(+11)x82(36) | u-shape sink | ~~11/25/2003~~ | 11/23/03 |

OK

LOADED BY_____ # OF PCS 2
DELIVERED BY_____ # OF PCS_____
RECEIVE IN GOOD CONDITION BY

_____

**Maxwell Counters, Inc**
324 S Plum Street
PO Box 234
Farmer City, IL 61842-0234

# Statement of Account

**Wickes Lumber**
P O Box 2011
Vernon Hills, IL 60061

| STATEMENT DATE |
|---|
| 12/01/03 |

| ACCOUNT NO. |
|---|
| WKSLBR |

| DATE | INVOICE | DESCRIPTION | CHARGES | CREDITS | AMOUNT DUE | BALANCE |
|---|---|---|---|---|---|---|
| | OpenCr | Open Credit Balance | 0 00 | -8 48 | -8 48 | -8 48 |
| 06/30/03 | 37614 | Rasche 703 Dove | 55 66 | 0 00 | 55 66 | 47 18 |
| 09/30/03 | 38718 | P O# 0687075 | 261 11 | 0 00 | 0 00 | 308 29 |
| 10/31/03 | 38672 | P O# 0687028 | 434 11 | 0 00 | 0 00 | 742 40 |
| 10/31/03 | 38673 | P O# 0687027 | 434 11 | 0 00 | 0 00 | 1176 51 |
| 10/31/03 | 38794 | P O# 0687151 | 411 95 | 0 00 | 0 00 | 1588 46 |
| 10/31/03 | 38827 | P O# 0687200 | 227 50 | 0 00 | 0 00 | 1815 96 |
| 10/31/03 | 39081 | P O# 0687385 | 465 19 | 0 00 | 465 19 | 2281 15 |
| 10/31/03 | 39082 | P O# 0687385 | 465 19 | 0 00 | 465 19 | 2746 34 |
| 11/07/03 | | Payment, chk#548697 | 0 00 | -261 11 | 0 00 | 2485 23 |
| 11/14/03 | | Payment, chk#550064 | 0 00 | -1507 67 | 0 00 | 977 56 |
| 11/30/03 | 39180 | Durland Cooke | 471 39 | 0 00 | 471 39 | 1448 95 |
| **11/30/03** | **39203** | **P O# 0687544** | **667 87** | **0 00** | **667 87** | **2116 82** |

Balance Due by December 15, 2003

| Current | 1 to 30 | 31 to 90 | 91 to 180 | Over 180 | TOTAL | 2116 82 |
|---|---|---|---|---|---|---|
| 1139 26 | 930 38 | 0 00 | 55 66 | 0 00 | | |