FORM B10 (Official Form 10)(4/01)

UNITED STATES BANKRUPTCY COURT

Northern District Of Illinois

ADMINISTRATIVE EXPENSE REQUEST FORM

Name of Debtor	Case Number
Wickes Inc	04 B 02221

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. P 503.

Name and address of Creditor
(The person or other entity to whom the debtor owes money or property)

Penske Truck Leasing
PO Box 301
Reading Pa 19603

Telephone number 610 603 8464

[ ] Check box if you are aware that anyone else has filed a proof of claim relating ot your claim Attach copy of statement giving particulars

[ ] Check box if you have never received any notices from the bankruptcy cour in this case

[x] Check box if address differs from address on the envlope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Acount or other number by which creditor identifies debtor
667570, 39W863, 39W631

Check here if this claim [ ] replaces
[ ] amends a previously filed claim dated _____

1 Basis for Claim

[ ] Good sold
[X] Services performed
[ ] Money loaned
[ ] Personal injury/wrongful death
[ ] Taxes
[ ] Other Lease Trucks

[ ] Retiree benefits as defined in 11 U S C P 1114(a)
[ ] Wages salaries and compensation (fill out below)
Your SS # _____ _____ _____
Unpaid compensation for services performed
from _____ to _____

2 Date debt was incurred
1/23/2004

3 If court judgment date obtained

4 Total Amount of Claim at Time Case Filed **$8 621 46**

[ ] 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 if any $ _____

6 Unsecured Priority Claim

[ ] Check this box if you have an unsecured priority claim
Amount entitled to priority
Specify the priority of the claim
[ ] Wages salaries or commissions (up to $4 300) earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C P 507(a)(3)
[ ] Contributions to an employee benefit plan 11 U S C P 507(a)(4)
[ ] Up to $1 950 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C P 507(a)(6)
[ ] Alimony maintenance or support owed to a spouse former spouse or child 11 U S C P 507(a)(7)
[ ] Taxes or penalties owed to governmental units 11 U S C P 507(a)(8)
[ ] Other specify applicabel paragraph of 11 U S C P 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 perfections 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 the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

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FILED
SEP 06 2005
BMC

Date	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)
9/1/2005	Kirtida Bhatt Kirtida Bhatt

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C P P 152 and 3571

Wickes Inc
06608

WICKES INC
CENTER 306
220 COLYER ST
LONGMONT CO 80501

CONSOLIDATED

CUSTOMER STATEMENT
OF
ACCOUNT

PENSKE
Truck Leasing

STATEMENT DATE
9/01/05

CASH AS OF
9/01/05

CUSTOMER NO. DISTRICT
66757000 0132

CUSTOMER NO.	DISTRICT	CURRENT	31 TO 45 DAYS	45 TO 60 DAYS	OVER 60 DAYS	BALANCE
		STATEMENT SUMMARY				
37W631					1304.96	1304.96
39W863					176.54	176.54
66757000	0132 DENVER				7139.96	7139.96
PAGE 1		TOTALS			8621.46	8621.46

ADDRESS ANY INQUIRIES TO:

PENSKE TRUCK LEASING CO.
P.O. BOX 301
READING, PA. 19603

PHONE 610-320-7000
CREDIT DEPARTMENT

WICKES INC
CENTER 306
220 COLYER ST
LONGMONT CO 80501

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LONGMONT CO 80501

CONSOLIDATED

CUSTOMER STATEMENT
OF
ACCOUNT

PENSKE
Truck Leasing

STATEMENT DATE
9/01/05

CASH AS OF
9/01/05

CUSTOMER NO. 66757000 DISTRICT 0132

DATE	INVOICE NO	* CODE	ACT	CURRENT	31 TO 45 DAYS	45 TO 60 DAYS	OVER 60 DAYS	BALANCE
4/06/04	CK25776240	2	T				28.49-	
4/06/04	CK25776240	2	T				28.49-	56.98-
2/12/04	C02272106B	1	T				176.54	176.54
1/23/04	NSFCK25605	1	T				1284.96	1284.96
1/23/04	NSFFE25605	1	T				20.00	20.00
7/29/04	0L11851825	1	T				1741.62	
7/29/04	0L11851825	1	T				1741.62	3483.24
8/30/04	0L11884118	1	T				1746.16	
8/30/04	0L11884118	1	T				1746.16	3492.32
9/29/04	0L11922417	1	T				1746.55	
9/29/04	0L11922417	1	T				1746.55	3493.10
10/29/04	0L11957144	3	T				1635.86-	
10/29/04	0L11957144	3	T				1635.86-	3271.72-
PAGE 1				TOTALS			8621.46	8621.46

*CODE - 1-INVOICE CHARGE 2-PAYMENT RECEIVED 3-CREDIT ADJUSTMENT

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P.O. BOX 301
READING, PA. 19603

PHONE 610-320-7000
CREDIT DEPARTMENT

WICKES INC
CENTER 306
220 COLYER ST
LONGMONT CO 80501

CERTIFIED MAIL™

PENSKE TRUCK LEASING
RT 10 GREEN HILLS
READING PA 19607

PENSKE

7003 0500 0002 [illegible]

UNITED STATES POSTAGE
PITNEY BOWES
02 [illegible] SEP [illegible]
$ 04 42⁰
MAILED FROM ZIP CODE [illegible]

REC'D SEP 0 6 2005

Wickes Inc
c/o Bankruptcy Mngt Corp
P O Box 1016
El Segundo CA 90245-1016

[illegible]