UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

PROOF OF CLAIM

Name of Debtor Wickes, Inc

Case Number 04-02221

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 § 503

RECD JUN 29 2006

Name of Creditor (The person or other entity to whom the debtor owes money or property) Montague S Claybrook, Chapter 7 Trustee for the estates of C&S Fabricators, Inc a/k/a C&S Fabricators and Erectors, Inc

☐ 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 the address differs from the address on the envelope sent to you by the court

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JUN 27 2006
KENNETH S GARDNER, CLERK
MAILROOM - K6

Name and address where notices should be sent
Michael G Menkowitz, Esquire
Fox Rothschild LLP
2000 Market Street, Tenth Floor
Philadelphia, PA 19103

Telephone number 215-299-2000

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

Check here ☐ replaces if this claim ☐ amends a previously filed claim, dated _____

1 Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other 11 U S C § 547

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS # _____
Unpaid compensation for services performed
from _____ to _____
(date) (date)

2 Date debt was incurred SEE ATTACHED EXHIBIT "A"

3 If court judgment, date obtained

4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations

Unsecured Nonpriority Claim $4,366 42

☐ Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority

Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____

Specify the priority of the claim

☐ Domestic support obligations under 11U S C § 507(a)(1)(A) or (a)(1)(B)

☐ Wages, salaries, or commissions (up to $10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)

☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(5)

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 $_____

☐ Up to $2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

5 Total Amount of Claim at Time Case Filed $4,366 42 (unsecured) _____ (secured) _____ (priority) $4,366 42 (Total)

☒ 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

6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 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

8 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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Date
6/21/06

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)
Michael G Menkowitz, Esquire

Wickes Inc
06647

PH1 857873v1 06/21/06

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

In re. Wickes, Inc /Case No. 04-02221

Proof of Claim Calculation for Montague S Claybrook, Chapter 7 Trustee for the estate of C&S Fabricators, Inc , a/k/a C&S Fabricators and Erectors, Inc Based Upon Preferential Transfer

On or within ninety (90) days before the date of the filing of the bankruptcy petition, debtor, C&S Fabricators, Inc , a/k/a C&S Fabricators and Erectors, Inc , transferred to or for the benefit of Wickes, Inc a total of $4,366 42 in the following amounts

CHECK NO.	DATE	AMOUNT
20738	6/30/02	$1,048 39
20780	7/10/02	$3,080 84
20921	8/20/02	$237 12

FedEx Express US Airbill

FedEx Tracking Number 847432748949

1 From

Date

Sender's Name US BANKRUPTCY COURT Phone 312 435-5694

Company MARIBEL GONZALES

Address 219 SOUTH DEARBORN Dept./Floor/Suite/Room

City CHICAGO State IL ZIP 60604

2 Your Internal Billing Reference WICKES

3 To

Recipient's Name JAMES BARTLETT Phone 310 321-5687

Company BMC CORP

Recipient's Address 1330 E. FRANKLIN AVE Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

CA ZIP 90245

4a Express Package Service

FedEx Priority Overnight Next business morning

FedEx 2Day Second business day*

FedEx Envelope rate not available

4b Express Freight Service

FedEx 1Day Freight* Next business day**

Call for Confirmation

5 Packaging

FedEx Envelope* FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak and FedEx Sturdy Pak Box

6 Special Handling

Include FedEx address in Section 3.

SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes

HOLD Weekday at FedEx Location Not available for FedEx First Overnight

HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods? One box must be checked.

No Yes As per attached Shipper's Declaration Yes Shipper's Declaration not required

Dry Ice Dry Ice 9, UN 1845 x kg

Cargo Aircraft Only

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging

7 Payment Bill to Enter FedEx Acct. No. or Credit Card No. below

Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Obtain Recip Acct. No Cash/Check

Total Packages Total Weight Total Declared Value† $ .00 Total Charges

Credit Card Auth

Your liability is limited to $100 unless you declare a higher value. See back for details.

Without a Signature

FedEx emp 357085 28JUN06 STANDARD OVERNIGHT 7

TRK# 8474 3274 8949 FORM 0200

Deliver 29JUN0

90245 -CA-US LAX A7 AVXA