FORM B10 (Official Form 10) (04/07)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

PROOF OF CLAIM

Name of Debtor	Case Number	Trustee
Rockford Products Corporation	07-71768 Judge Initials MB	File Claim Form With United States Bankruptcy Court 211 S Court St Rockford, Illinois 61101

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 (The person or other entity to whom the debtor owes money or property)
IMPACT SALES

☐ 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

Name and Address where notices should be sent

IMPACT SALES
CRAIG HARRISON
1245 MILWAUKEE AVE, SUITE #300
GLENVIEW, IL 60025 2400

Telephone Number 847-544-5270

07 71768

11503819

REC'D AUG 14 2007

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Last four digits of account or other number by which creditor identifies debtor 36-4330549

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

1 Basis for Claim

- ☐ Goods sold
- ☑ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____
- ☐ Retiree benefits as defined in 11 U S C §1114(a)
- ☐ Wages salaries, and compensation (fill out below)
  Last four digits of your SS # _____
  Unpaid compensation for services performed
  from _____ (date) to _____ (date)

2 Date debt was incurred

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 $_____

☑ 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 all or part of which is entitled to priority

Amount entitled to priority $ 1293.00

Specify the priority of the claim

- ☐ Domestic support obligations under 11 U S C §507(a)(1)(A) or (a)(1)(B)
- ☒ Wages, salaries, or commissions (up to $10,950),* 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)
- ☐ Up to $ 2,425* 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 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

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 $_____

5 Total Amount of Claim at Time Case Filed

$_____	_____	$1293.00	$1293.00
(unsecured)	(secured)	(priority)	(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

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)
8/1/07	Craig Harrison

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FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

AUG 08 2007

KENNETH S GARDNER, CLERK
BY_____
DEPUTY CLERK

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

010982

Rockford Products Corp
00046

ImpactSales

IMPACT SALES, INC

Manufacturer Report

Summary

ColumnSet E
SubTotals M0

Shipment (S) as of 07/2007
Year End 12

Manufacturer	Last Actvy	********** S A L E S ********** Jul 07	Jan-Jul07	Jan-Jul06	Jan-Dec06	****** C O M M I S S I O N ********** Jul 07	Jan-Jul07	Jan-Jul06	Jan-Dec06
Rockford Products Corp	06/07		12,255	9,173	13,666		611	457	682
REPORT TOTAL	06/07		12,255	9,173	13,666		611	457	682

Filter (Mfg Code=ROC)

$611.00
682.00
$1293.00