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

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

RECD AUG 20 2007

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)
A-L-L EQUIPMENT 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

Name and Address where notices should be sent.

A L L EQUIPMENT INC
8104 COMMERCIAL AVE
LOVES PARK IL 61111 2705

Telephone Number

THIS SPACE IS FOR COURT USE ONLY

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

Check here if ☐ replaces this claim ☐ 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: 12/14/06 - 7/3/07

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 $ 193448

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)

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 $ 2 425* 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

5. Total Amount of Claim at Time Case Filed. $193448 (unsecured) _____ (secured) _____ (priority) 193448 (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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FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
AUG 16 2007
KENNETH S GARDNER, CLERK
BY _____
DEPUTY CLERK

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)
8-14-07	Gerald E Udell

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

Rockford Products Corp
00069

B443

INDUSTRIAL PUMPS | PROCESS EQUIPMENT | AIR COMPRESSORS
204-38TH STREET PO BOX 909 MOLINE IL 61265

STATEMENT

Customer Number	7272
Date	08/06/07
Page	1

Customer ROCKFORD PRODUCTS
707 HARRISON AVENUE
ROCKFORD, IL 61104-
Attn TAMMY

Date	Number	Type	Posting	Charges	Credits	Amount Due
04/16/2007	58050410-00	IV	436281	42 08		42 08
06/11/2007	58050847-00	IV	436892	1009 77		1009 77
06/19/2007	58051437-00	IV	437772	185 00		185 00
07/03/2007	58051741-00	IV	438188	251 31		251 31

CURRENT	31-60	61-90	91-120	121-150	151+
251 31	1,194 77	0 00	42 08	0 00	0 00

TOTAL DUE	1,488 16

MOLINE OFFICE
PHONE 309-762 8096 FAX 309 762-9950

STATELINE OFFICE
PHONE 815-877 7000 FAX 815 877 7060

EMAIL SALES@A L LEQUIPMENT COM

INDUSTRIAL PUMPS | PROCESS EQUIPMENT | AIR COMPRESSORS
204-38TH STREET PO BOX 909 MOLINE IL 61265

STATEMENT

Customer Number	7721
Date	08/06/07
Page	1

Customer ROCKFORD PRODUCTS INTERNATIONAL
P O BOX 6306
ROCKFORD, IL 61125-1306
Attn WARREN GROW

Date	Number	Type	Posting	Charges	Credits	Amount Due
12/14/2006	58048424-00	IV	0101800	305 38		305 38
02/14/2007	58049456-00	IV	0102225	140 94		140 94

CURRENT	31-60	61-90	91-120	121-150	151+
0 00	0 00	0 00	0 00	0 00	446 32

TOTAL DUE	446 32

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PHONE 815-877-7000 FAX 815-877 7060

EMAIL SALES@A-L LEQUIPMENT COM