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

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

RECD AUG 24 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)	☐ 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
VERA LINDQUIST	☐ Check box if you have never received any notices from the bankruptcy court in this case
Name and Address where notices should be sent VERA LINDQUIST 2832 19TH AVENUE ROCKFORD IL 61108 5842	☐ Check box if the address differs from the address on the envelope sent to you by the court
Telephone Number 815-397-2476	THIS SPACE IS FOR COURT USE ONLY

07 71768

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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
1987

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 $178.00 per month
Specify the priority of the claim retirement benefits

- ☐ 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 $178.00 per month (unsecured) (secured) $178.00 per month (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

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FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
AUG 22 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)
8-21-2007	Vera J Lindquist

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 15

Rockford Products Corp
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