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

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

REC'D SEP 18 2007

PROOF OF CLAIM

Name of Debtor
Rockford Products Corporation

Case Number
07-71768

Judge Initials MB

Trustee

File Claim Form With
United States Bankruptcy Court
211 S Court St
Rockford, Illinois 61101

07 71768

11503355

THIS SPACE IS FOR COURT USE ONLY

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)
BENEX CORPORATION

☐ 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

BENEX CORPORATION
GEORGE HOFFMANN
595 BLOSSOM ROAD
ROCHESTER NY 14610-1825

Telephone Number (585) 544-9210

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

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 5-25-07 & 6-11-07

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 $ 155.45 & 337 48

☐ 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 $_____

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 $ 492.93

(unsecured)	(secured)	(priority)	(Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemization of all interest or additional charges

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
SEP 11 2007
KENNETH S. GARDNER, CLERK
BY
DEPUTY CLERK

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 9-10-07

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).

George T. Hoffmann
President

Rockford Products Corp

00155

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

034853

Copy

Benex Corp

595 Blossom Road
Rochester, NY 14610
585-544-9210 fax 585-544-3208

Invoice No 1963

INVOICE

Customer

Name: Rockford Products Corp
Address: 707 Harrison Avenue
City: Rockford State IL ZIP 61104-7197

Date: 5/25/2007
Order No: 437360
Terms: Net 30 Days
FOB:

Qty	Description	Unit Price	TOTAL
100	P/N 060 Scoops	$1 50	$150 00
1	Shipping	$5 45	$5 45

SubTotal $155 45

TOTAL $155 45

Payment Details

Office Use Only

COPY

Benex Corp

595 Blossom Road
Rochester, NY 14610
585-544-9210 fax 585-544-3208

Invoice No 1964

INVOICE

Customer

Name: Rockford Products Corp
Address: 707 Harrison Avenue
City: Rockford State IL ZIP 61104-7197

Date: 6/11/2007
Order No: 637501
Terms: Net 30 Days
FOB:

Qty	Description	Unit Price	TOTAL
2	P/N 048 3F Front Slim Fingers	$68 00	$136 00
2	P/N 048 3R Rear Slim Fingers	$98 00	$196 00
1	Shipping	$5 48	$5 48

SubTotal $337 48

TOTAL $337 48

Payment Details

Office Use Only