## IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

# CASE NAME: Hartford Computer Government, Inc.

### CASE NO.: <u>11-49752</u>

# U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

# FOR CALENDAR QUARTER ENDING SEPT. 30, 2016

1.	Were any payments required to be made under the plan this past calendar quarter?	yesnoX
2.	If yes, were all required payments made?	yesno

3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, <u>Peter Kravitz</u>, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 10/10/2016

For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration).

Peter Kravitz

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

EXHIBIT "E"



Document F

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# U. S. TRUSTEE QUARTERLY FEE STATEMENT Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Hartford Computer Government, Inc. CASE NO.: 11-49752

# FOR CALENDAR QUARTER ENDING SEPT. 30, 2016

		Γ	DISBURSEMENTS*	
1	l.	MONTH		DISBURSEMENTS
		July 2016		<u>\$ 0.00</u>
		August 2016		<u>\$ 0.00</u>
		September 2016		<u>\$ 0.00</u>
		TOTAL DISBURSE FOR QUARTER	EMENTS	<u>\$ 0.00</u>
2.		QUARTERLY FEE OWED PURS 28 U.S.C. § 1930(A)(6)	UANT TO	<u>\$ 325.00</u>
3.		QUARTERLY FEE PAID (Attach proof of payment)		\$
4.		AMOUNT OF UNPAID FEES (IF	ANY)	<u>\$ 325.00</u>

I, <u>Peter Kravitz</u>, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

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DATED: <u>10/10/2016</u>

For the Debtor in Possession (Trustee) (Plan administrator)

Peter Kravitz

(Print or type name and<br/>capacity of person signing<br/>this Declaration).Peter

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

\* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

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### IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

## CASE NAME: Hartford Computer Goup, Inc.

CASE NO.: 11-49750

# U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

# FOR CALENDAR QUARTER ENDING SEPT. 30, 2016

1.	Were any payments required to be made under the plan this past calendar quarter?	yes	noX
2.	If yes, were all required payments made?	yes	no

3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, <u>Peter Kravitz</u>, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 10/10/2016

For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration).

Peter Kravitz

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

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# U. S. TRUSTEE QUARTERLY FEE STATEMENT Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Hartford Computer Goup, Inc. CASE NO.: 11-49750

# FOR CALENDAR QUARTER ENDING SEPT. 30, 2016

		DISBURSEMENTS*	
1.	MONTH		DISBURSEMENTS
	July 2016		<u>\$ 0.00</u>
	August 2016		<u>\$ 0.00</u>
	September 201	<u>6</u>	<u>\$ 0.00</u>
		TOTAL DISBURSEMENTS FOR QUARTER	<u>\$ 0.00</u>
	QUARTERLY 28 U.S.C. § 19	FEE OWED PURSUANT TO 30(A)(6)	<u>\$ 325.00</u>
	QUARTERLY (Attach proof o		\$
	AMOUNT OF	UNPAID FEES (IF ANY)	<u>\$ 325.00</u>

I, <u>Peter Kravitz</u>, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: <u>10/10/2016</u>

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For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration).

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

\* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

Peter Kravitz

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## IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

### CASE NAME: Hartford Computer Hardware, Inc.

#### CASE NO.: 11-49744

# U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

# FOR CALENDAR QUARTER ENDING SEPT. 30, 2016

 Were any payments required to be made under the plan this past calendar quarter?
yes\_\_\_\_\_no\_\_X\_\_\_
If yes, were all required payments made?
yes\_\_\_\_\_no\_\_\_\_

3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, <u>Peter Kravitz</u>, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 10/10/2016

this Declaration).

For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing

Peter Kravitz

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

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# U. S. TRUSTEE QUARTERLY FEE STATEMENT Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: Hartford Computer Hardware, Inc. CASE NO.: 11-49744

# FOR CALENDAR QUARTER ENDING SEPT. 30, 2016

		DISBURSEMENTS*	
1.	MONTH		DISBURSEMENTS
	July 2016		<u>\$ 975.00</u>
	<u>August 2016</u>		<u>\$ 0.00</u>
	September 20	6	<u>\$ 0.00</u>
		TOTAL DISBURSEMENTS FOR QUARTER	<u>\$ 975.00</u>
	QUARTERLY 28 U.S.C. § 19	Y FEE OWED PURSUANT TO 930(A)(6)	<u>\$ 325.00</u>
	QUARTERLY (Attach proof		\$
	AMOUNT OF	UNPAID FEES (IF ANY)	<u>\$ 325.00</u>

I, <u>Peter Kravitz</u>, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: <u>10/10/2016</u>

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For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration).

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

\* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

Peter Kravitz

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## IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

## CASE NAME: <u>Nexicore Services, LLC</u> CASE NO.: <u>11-49754</u>

## U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

#### FOR CALENDAR QUARTER ENDING SEPT. 30, 2016

1.	Were any payments required to be made under the plan this past calendar quarter?	yes	no <u>X</u>	_
2.	If yes, were all required payments made?	yes	no	

3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, <u>Peter Kravitz</u>, acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 10/10/2016

For the Debtor in Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration).

Peter Kravitz

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

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# U. S. TRUSTEE QUARTERLY FEE STATEMENT Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: <u>Nexicore Services, LLC</u> CASE NO.: <u>11-49754</u>

# FOR CALENDAR QUARTER ENDING SEPT. 30, 2016

		DISBURSEMENTS*		
1.	MONTH		DISBURSEMENTS	
	July 2016		<u>\$ 0.00</u>	
	August 2016		<u>\$ 0.00</u>	
	September 20	<u>16</u>	<u>\$ 0.00</u>	
		TOTAL DISBURSEMENTS FOR QUARTER	<u>\$ 0.00</u>	
	QUARTERL 28 U.S.C. § 1	Y FEE OWED PURSUANT TO 930(A)(6)	<u>\$ 325.00</u>	
	QUARTERLY (Attach proof		\$	
	AMOUNT O	F UNPAID FEES (IF ANY)	<u>\$ 325.00</u>	

I, <u>Peter Kravitz</u>, acting as the duly authorized agent for the Debtor in Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 10/10/2016

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For the Debtor in Possession (Trustee) (Plan administrator)

(Print or type name and capacity of person signing this Declaration).

Peter Kravitz

Managing Principal of SLTNTRST LLC acting as Liquidating Trustee

\* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.