Case 11-49744 Doc 701 Filed 04/21/17 Entered 04/21/17 12:22:17 Docket #0701 Date Filed: 04/21/2017 Docket #0701 Date Filed: 04/21/2017

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

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

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

#### FOR CALENDAR QUARTER ENDING MARCH 31, 2017

i.	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, additional creditor, the amount due and the reason payment versions.		<del>-</del>
I, <u>Pet</u>	er Kravitz, acting as the duly authorized agent und	er the con	afirmed plan declare under penalty of

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: 04/12/2017

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"** 

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

CASE NAME: <u>Hartford Computer Government, Inc.</u> CASE NO.: <u>11-49752</u>

#### FOR CALENDAR QUARTER ENDING MARCH 31, 2017

#### DISBURSEMENTS\*

1	. MONTH	DISDORSENIENTS	DISBURSEMENTS
	January 2017		<u>\$ 0.00</u>
	February 2017		<u>\$ 0.00</u>
	March 2017		<u>\$ 0.00</u>
	TOTAL DISBUF FOR QUARTER		<u>\$ 0.00</u>
2.	QUARTERLY FEE OWED PU 28 U.S.C. § 1930(A)(6)	RSUANT 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.

DATED: <u>04/12/2017</u>

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

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

Peter Kravitz

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

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

CASE NAME: <u>Hartford Computer Goup, Inc.</u> CASE NO.: <u>11-49750</u>

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

#### FOR CALENDAR QUARTER ENDING MARCH 31, 2017

1.	Were any payments runder the plan this pa		yes	_ no_	<u>x</u>
2.	If yes, were all requir	ed payments made?	yes	_no_	<del></del>
3.		chedule, state the name, addre lue and the reason payment w			ne number of each unpaid
perjury U.S. T	under the laws of the rustee Quarterly Report	United States that I have rea	d and cert	ify th	d plan declare under penalty of nat the information listed in this rect as of the date of this report
DATE	D: <u>04/12/2017</u>	For the Debtor in Possession	(Trustee)	(Pla	n Administrator)
capaci	or type name and ty of person signing eclaration).	Peter Kravitz  Managing Principal of SLTN	ITRST LI	LC ac	cting as Liquidating Trustee

EXHIBIT "E"

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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 MARCH 31, 2017

#### **DISBURSEMENTS\***

1.	MONTH	DIODOROLIVILIATO	DISBURSEMENTS
	January 2017		<u>\$ 0.00</u>
	February 2017		<u>\$ 0.00</u>
	March 2017		<u>\$ 0.00</u>
	TOTAL DISBUR FOR QUARTER		<u>\$ 0.00</u>
2.	QUARTERLY FEE OWED PU 28 U.S.C. § 1930(A)(6)	RSUANT 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.

DATED: <u>04/12/2017</u>

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

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

Peter Kravitz

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

#### 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 OUARTER ENDING MARCH 31, 2017

1.	Were any payments required to be made under the plan this past calendar quarter?	yesno_X_
2.	If yes, were all required payments made?	yesno
3.	If not, on a separate schedule, state the name, a	ddress 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: <u>04/12/2017</u>

For the Debor 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"** 

## 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 MARCH 31, 2017

#### **DISBURSEMENTS\***

1.	MONTH	DISBURSEMENTS	DISBURSEMENTS
	January 2017		\$1,775.00
	February 2017		<u>\$ 100.00</u>
	March 2017		<u>\$ 0.00</u>
	TOTAL DISBUR FOR QUARTER		<u>\$ 1,875.00</u>
2.	QUARTERLY FEE OWED PU 28 U.S.C. § 1930(A)(6)	RSUANT 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.

DATED: <u>04/12/2017</u>
For the Debtor in Possession (Trustee) (Plan administrator)

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

Peter Kravitz

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

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

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

### U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS FOR CALENDAR QUARTER ENDING MARCH 31, 2017

1.	Were any payments runder the plan this pa		yes	no_	<u>x</u>		
2.	If yes, were all require	ed payments made?	yes	no_			
3.		schedule, state the name, due and the reason paym			ne number of	each unpaid	
perjur U.S. 7	y under the laws of the Trustee Quarterly Repo	ne duly authorized agent e United States that I have ort on Status of Plan Paye , information and belief.	ve read and cer ments is true a	rtify th	at the inform	nation listed in	this
DATE	ED: <u>04/12/2017</u>	For the Debtor in Posse	ession (Trustee	e) (Plar	n Administra	tor)	
capac	or type name and ity of person signing eclaration).	Peter Kravitz  Managing Principal of	SLTNTRST L	LC ac	ting as Liqui	dating Trustee	

of

EXHIBIT "E"

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

CASE NAME: Nexicore Services, LLC CASE NO.: 11-49754

#### FOR CALENDAR QUARTER ENDING MARCH 31, 2017

**DISBURSEMENTS\*** 

## DISBURSEMENTS

<u>January 2017</u> \$ 0.00

<u>February 2017</u> \$ 0.00

<u>March 2017</u> \$ 0.00

TOTAL DISBURSEMENTS
FOR QUARTER \$ 0.00

2. QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930(A)(6) \$ 325.00

3. QUARTERLY FEE PAID
(Attach proof of payment) \$\_\_\_\_\_

4. AMOUNT OF UNPAID FEES (IF ANY) \$325.00

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: 04/12/17

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

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

1.

**MONTH** 

Peter Kravitz

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