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

CASE NAME: <u>Hartford Computer Government, Inc.</u>

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

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

### FOR CALENDAR QUARTER ENDING SEPT. 30, 2017

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: 10/19/2017

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

### FOR CALENDAR QUARTER ENDING SEPT. 30, 2017

### **DISBURSEMENTS\***

1.	MONTH	DISDUNSLINIENTS	
	July 2017		<u>\$ 0.00</u>
	August 2017		<u>\$ 0.00</u>
	Sept. 2017		<u>\$ 0.00</u>
	TOTAL DISBUF FOR QUARTER	· -	\$ 0.00
2.	QUARTERLY FEE OWED PU 28 U.S.C. § 1930(A)(6)	RSUANT TO	\$ 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: <u>10/19/2017</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 <u>S</u>	SEPT. 30, 2017	
1.	Were any payments r under the plan this pa	<del>-</del>	yes	no <u>X</u>	
2.	If yes, were all requir	red payments made?	yes	no	
3.		chedule, state the name, ac due and the reason paymen		_	each unpaid
perjur U.S. T	y under the laws of the rustee Quarterly Repo	e duly authorized agent under United States that I have rt on Status of Plan Payme, information and belief.	read and ce	rtify that the informa	ation listed in this
DATE	D: <u>10/19/2017</u>	For the Debtor in Possess	sion (Trustee	e) (Plan Administrato	or)
capaci	or type name and ty of person signing eclaration).	Peter Kravitz  Managing Principal of SI	LTNTRST I	LLC acting as Liquid	ating 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 SEPT. 30, 2017

### **DISBURSEMENTS\***

1.	MONTH		DISBURSEMENTS
	<u>July 2017</u>		<u>\$ 0.00</u>
	August 2017		<u>\$ 0.00</u>
	Sept. 2017		<u>\$ 0.00</u>
	TOTAL DISBUR FOR QUARTER	SEMENTS	<u>\$ 0.00</u>
2.	QUARTERLY FEE OWED PUI 28 U.S.C. § 1930(A)(6)	RSUANT TO	\$ 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: <u>10/19/2017</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.

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

CASE NAME: <u>Hartford Computer Hardware, Inc.</u> CASE NO.: <u>11-49744</u>

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

	FOR	CALENDAR QUARTER EN	DING <u>SE</u>	PT. 30, 2017
1.	Were any payments runder the plan this pa	<del>-</del>	yes	_ noX
2.	If yes, were all requir	ed payments made?	yes	_ no
3.	-	chedule, state the name, addre		ephone number of each unpaid le.
perjury U.S. T	y under the laws of the rustee Quarterly Repo	United States that I have read	d and certi	irmed plan declare under penalty of ify that the information listed in this d correct as of the date of this report
DATE	D: <u>10/19/2017</u>	For the Debtor in Possession	(Trustee)	(Plan Administrator)
capaci	or type name and ty of person signing eclaration).	Peter Kravitz  Managing Principal of SLTN	ITRST LL	.C 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: Hartford Computer Hardware, Inc. CASE NO.: 11-49744

### FOR CALENDAR QUARTER ENDING SEPT. 30, 2017

### **DISBURSEMENTS\***

1	. MONTH		DISBURSEMENTS
	<u>July 2017</u>		<u>\$ 0.00</u>
	August 2017		<u>\$ 975.00</u>
	Sept. 2017		\$ 0.00
		OTAL DISBURSEMENTS OR QUARTER	<u>\$ 975.00</u>
2.	QUARTERLY F 28 U.S.C. § 1930	EE OWED PURSUANT TO (A)(6)	<u>\$ 325.00</u>
3.	QUARTERLY F (Attach proof of p		\$
4.	AMOUNT OF U	NPAID 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: <u>10/19/2017</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.

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

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

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

	FOR	CALENDAR QUARTEI	R ENDING <u>S</u>	SEPT. 30, 2017	
1.	Were any payments under the plan this p	-	yes	noX	
2.	If yes, were all requi	red payments made?	yes	no	
3.	<u> -</u>	schedule, state the name, a due and the reason payme		-	each unpaid
perjui U.S.	ry under the laws of th Trustee Quarterly Repo	ne duly authorized agent to e United States that I have ort on Status of Plan Payme, information and belief.	e read and ce	ertify that the information	ation listed in this
DATI	ED: <u>10/19/2017</u>	For the Debtor in Posses	ssion (Truste	e) (Plan Administrat	or)
capac	t or type name and city of person signing Declaration).	Peter Kravitz  Managing Principal of S	SLTNTRST 1	LLC acting as Liquid	lating Trustee

EXHIBIT "E"

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# 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 SEPT. 30, 2017

### **DISBURSEMENTS\***

1.	MONTH		DISBURSEMENTS
	<u>July 2017</u>		\$ 0.00
	August 2017		\$ 0.00
	Sept. 2017		\$ 0.00
	TOTAL DISBUR FOR QUARTER	SEMENTS	<u>\$ 0.00</u>
2.	QUARTERLY FEE OWED PUI 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>10/19/17</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.