Case 11-49744 Doc 705 Document

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 C	ALENDAR QUARTER END	ING <u>MAI</u>	RCH 31, 2018
1.	Were any payments reunder the plan this pa	-	yes	_no <u>X</u>
2.	If yes, were all require	ed 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.				
DATE	D: <u>04/16/2018</u>	For the Debtor in Possession	(Trustee)	(Plan Administrator)
capacit	or type name and ty of person signing eclaration).	Peter Kravitz Managing Principal of SLTN	TRST LL	.C 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 Government, Inc. CASE NO.: 11-49752

FOR CALENDAR QUARTER ENDING MARCH 31, 2018

DISBURSEMENTS*

1.	MONTH	DISBURSEMENTS.	DISBURSEMENTS
	Jan. 2018		<u>\$ 0.00</u>
	<u>Feb. 2018</u>		<u>\$ 0.00</u>
	March 2018		<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)	\$ 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>04/16/2018</u>

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

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

Peter Kravitz

^{*} 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.: <u>11-49750</u>

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

FOR CALENDAR QUARTER ENDING MARCH 31, 2018				
1.	Were any payments reunder the plan this pa	-	yes	_no <u>X</u>
2.	If yes, were all require	ed 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.				
DATE	D: <u>04/16/2018</u>	For the Debtor in Possession	(Trustee)	(Plan Administrator)
capacit	or type name and ty of person signing eclaration).	Peter Kravitz Managing Principal of SLTN	TRST LL	C 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 MARCH 31, 2018

DISBURSEMENTS*

1.	MONTH	DISBORSEMENTS	DISBURSEMENTS
	<u>Jan. 2018</u>		<u>\$ 0.00</u>
	Feb. 2018		<u>\$ 0.00</u>
	March 2018		<u>\$ 0.00</u>
	TOTAL DISBUI 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)	\$ 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>04/16/2018</u>

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

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

Peter Kravitz

^{*} 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 ENDING MARCH 31, 2018				
1.	Were any payments reunder the plan this pas		yes	_no <u>X</u>
2.	If yes, were all require	ed 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.				
DATE	D: <u>04/16/2018</u>	For the Debtor in Possession	(Trustee)	(Plan Administrator)
capacit	or type name and by of person signing eclaration).	Peter Kravitz Managing Principal of SLTN	TRST LL	C 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 MARCH 31, 2018

DISBURSEMENTS*

1.	MONTH	DISDURSEMENTS	DISBURSEMENTS
	<u>Jan. 2018</u>		<u>\$ 1,600.00</u>
	<u>Feb. 2018</u>		<u>\$ 975.00</u>
	March 2018		\$ 0.00
	TOTAL DISBUR FOR QUARTER	SEMENTS	\$ 2,575.00
2.	QUARTERLY FEE OWED PUR 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 (F 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>04/16/2018</u>

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

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

Peter Kravitz

^{*} 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 QUARTER ENDING MARCH 31, 2018

1.	Were any payments reunder the plan this pas	±	yes	_noX
2.	If yes, were all require	ed payments made?	yes	_no
3.	-	chedule, state the name, addre- lue and the reason payment wa		ephone number of each unpaid le.
perjury U.S. Ti to the b	under the laws of the rustee Quarterly Report	United States that I have read	l and certi is true and	rmed plan declare under penalty of fy that the information listed in this d correct as of the date of this report (Plan Administrator)
capacit	or type name and y of person signing claration).	Peter Kravitz Managing Principal of SLTN	<u>TRST LL</u>	C 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: Nexicore Services, LLC CASE NO.: 11-49754

FOR CALENDAR QUARTER ENDING MARCH 31, 2018

DISBURSEMENTS*

1.	MONTH	DISBORGENIENTS	DISBURSEMENTS
	<u>Jan. 2018</u>		<u>\$ 0.00</u>
	Feb. 2018		<u>\$ 0.00</u>
	March 2018		\$ 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)	\$ 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>04/16/2018</u>

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

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

Peter Kravitz

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