Case 11-49744 Doc 725 Filed 10/23/10 Interest 10/23/10 Docket #0725 Date Filed: 10/23/2019 Document Page 1 of 8

## 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 CAI	LENDAR QUARTER ENDI	NG <u>SEPT</u>	EMBER 30, 2019	
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	
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.				
perjury U.S. T	y under the laws of the rustee Quarterly Repo	United States that I have re	ad and cer	firmed plan declare under penalty of tify that the information listed in this and correct as of the date of this repor	
DATE	D: <u>10/18/19</u>	For the Debtor in Possession	n (Trustee	) (Plan Administrator)	
capaci	or type name and ty of person signing eclaration).	Peter Kravitz  Managing Principal of SLT	NTRST L	LC acting as Liquidating Trustee	

EXHIBIT "E"

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Case 11-49744 Doc 725 Filed 10/23/19 Entered 10/23/19 14:33:02 Desc Main Document Page 2 of 8

### 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 SEPTEMBER 30, 2019

#### **DISBURSEMENTS\***

1.	MONTH		DISBURSEMENTS
	<u>July 2019</u>		<u>\$ 0.00</u>
	<u>August 2019</u>		\$ 0.00
	September 2019		\$ 0.00
	TOTAL DISBURSI FOR QUARTER	EMENTS	<u>\$ 0.00</u>
2.	QUARTERLY FEE OWED PURS 28 U.S.C. § 1930(A)(6)	SUANT 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>10/18/19</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.

Case 11-49744 Doc 725 Filed 10/23/19 Entered 10/23/19 14:33:02 Desc Main Document Page 3 of 8

## 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>

### $\hbox{U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS } \\$

#### FOR CALENDAR QUARTER ENDING <u>SEPTEMBER 30, 2019</u>

1.	Were any payments reunder the plan this pa	*	yes	_ no	X
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.				
perjury U.S. T	under the laws of the rustee Quarterly Report	United States that I have rea	d and certi	fy th	I plan declare under penalty of at the information listed in this rect as of the date of this report
DATE	D: <u>10/18/19</u>	For the Debtor in Possession	(Trustee)	(Plar	n Administrator)
capacit	or type name and ty of person signing eclaration).	Peter Kravitz  Managing Principal of SLTN	JTRST LL	.C act	ting as Liquidating Trustee

EXHIBIT "E"

Case 11-49744 Doc 725 Filed 10/23/19 Entered 10/23/19 14:33:02 Desc Main Document Page 4 of 8

### 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 SEPTEMBER 30, 2019

#### **DISBURSEMENTS\***

1.	MONTH	DIDDERDENTE	DISBURSEMENTS
	<u>July 2019</u>		\$ 0.00
	<u>August 2019</u>		\$ 0.00
	September 2019		\$ 0.00
	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: 10/18/19

For the Debte in Reseaseign (Trustee) (Plan administra

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.

Case 11-49744 Doc 725 Filed 10/23/19 Entered 10/23/19 14:33:02 Desc Main Document Page 5 of 8

## 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 SEPTEMBER 30, 2019

	TORCAL	ELIVDAR QUARTER ENDIN	G <u>SEI TE</u>	MBLK 30, 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
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.			
perjury U.S. T	under the laws of the rustee Quarterly Report	United States that I have read	d and certif	rmed plan declare under penalty of fy that the information listed in this I correct as of the date of this report
DATE	D: <u>10/18/19</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	TRST LL	C acting as Liquidating Trustee

EXHIBIT "E"

Case 11-49744 Doc 725 Filed 10/23/19 Entered 10/23/19 14:33:02 Desc Main Document Page 6 of 8

### 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 SEPTEMBER 30, 2019

#### **DISBURSEMENTS\***

1.	MONTH	DISDURSEMENTS	DISBURSEMENTS
	<u>July 2019</u>		<u>\$ 975.00</u>
	August 2019		\$ 0.00
	September 2019		\$ 0.00
	TOTAL DISBUI FOR QUARTER		<u>\$ 975.00</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: 10/18/19

For the Debtor in Possession (Trustee) (Plan administrate

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.

Case 11-49744 Doc 725 Filed 10/23/19 Entered 10/23/19 14:33:02 Desc Main Document Page 7 of 8

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

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

Were any payments required to be made

1.

# U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS FOR CALENDAR QUARTER ENDING <u>SEPTEMBER 30, 2019</u>

	under the plan this pa	st calendar quarter?	yes	_ no <u>X</u>	
2.	If yes, were all requir	ed payments made?	yes	_ no	
3.	-	chedule, state the name, addre		ephone number of each unpaid de.	
perjury U.S. T	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>10/18/19</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"

Case 11-49744 Doc 725 Filed 10/23/19 Entered 10/23/19 14:33:02 Desc Main Document Page 8 of 8

### 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 SEPTEMBER 30, 2019

#### **DISBURSEMENTS\***

1.	MONTH	DISBURSEMENTS
	<u>July 2019</u>	\$ 0.00
	<u>August 2019</u>	\$ 0.00
	September 2019	\$ 0.00
	TOTAL DISBURSEMENTS FOR QUARTER	<u>\$ 0.00</u>
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: 10/18/19

For the Debtor in Reseaseign (Trustee) (Plan administrate)

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.