Case 11-49744 Doc 729 Filed 07/17/20 Entered 07/17/20 12:13:03 Desc Main Docket #0729 Date Filed: 07/17/2020

# 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 DECEMBER 31, 2019

1.	Were any payments r under the plan this pa		yes	_noX		
2.	If yes, were all requir	red 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	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>01/08/2020</u>	For the Debtor in Possession	(Trustee) (	(Plan Administrator)		
capacit	or type name and y of person signing claration).	Peter Kravitz  Managing Principal of SLTN	TRST LLO	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 Government, Inc.

CASE NO.: 11-49752

\$ 0.00

#### FOR CALENDAR QUARTER ENDING DECEMBER 31, 2019

**DISBURSEMENTS\*** 

# MONTH DISBURSEMENTS October 2019 \$ 0.00 November 2019 \$ 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. /1.

DATED: 01/08/2020

1.

December 2019

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 Goup, Inc.

CASE NO.: 11-49750

# U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS FOR CALENDAR QUARTER ENDING <u>DECEMBER 31, 2019</u>

1.	Were any payments r under the plan this pa	•	yes	no X
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.			
I, Peter Kravitz, 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: 01/08/2020  For the Debtar in Possession (Trustee) (Plan Administrator)				
capacit	or type name and by of person signing celaration).	Peter Kravitz  Managing Principal of SLTN	TRST LLO	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 DECEMBER 31, 2019

			DISBURSEMENTS*	
	1.	MONTH		DISBURSEMENTS
		October 2019		<u>\$ 0.00</u>
		November 2019		<u>\$ 0.00</u>
		December 2019		<u>\$ 0.00</u>
		TOTAL DISBUR FOR QUARTER	SEMENTS	\$ 0.00
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>01/08/2020</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: Hartford Computer Hardware, Inc.

CASE NO.: 11-49744

### U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS FOR CALENDAR QUARTER ENDING DECEMBER 31, 2019

1.	Were any payments r under the plan this pa		yes	no_X		
2.	If yes, were all requir	ed payments made?	yes	no		
3.		t, on a separate schedule, state the name, address and telephone number of each unpaid tor, the amount due and the reason payment was not made.				
perjury U.S. Ti	under the laws of the rustee Quarterly Repor	United States that I have read	and certif	med plan declare under penalty of fy that the information listed in this correct as of the date of this report		
DATE	D: <u>01/08/2020</u>	For the Deborin Possession	(Trustee) (	Plan Administrator)		
capacit	or type name and y of person signing claration).	Peter Kravitz  Managing Principal of SLTN	<u> FRST LLC</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: Hartford Computer Hardware, Inc.

CASE NO .: 11-49744

#### FOR CALENDAR QUARTER ENDING DECEMBER 31, 2019

			DISBURSE	MENTS*	
	1.	MONTH			DISBURSEMENTS
		October 2019			\$ 975.00
		November 2019			<u>\$ 0.00</u>
		December 2019			<u>\$ 0.00</u>
			OTAL DISBURSEMENTS OR QUARTER		\$ 975.00
2.		QUARTERLY I 28 U.S.C. § 193	FEE OWED PURSUANT TO O(A)(6)		\$ 325.00
3.		QUARTERLY I (Attach proof of			\$
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: 01/08/2020

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.: <u>11-49754</u>

### U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS FOR CALENDAR QUARTER ENDING DECEMBER 31, 2019

1.	Were any payments r under the plan this pa		yes	_no <u>X</u>	
2.	If yes, were all require	red payments made?	yes	_no	
3.		chedule, state the name, addre- due and the reason payment wa			
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>01/08/2020</u>	For the Debtor in Possession	(Trustee) (	(Plan Administrator)	
capacit	or type name and y of person signing claration).	Peter Kravitz  Managing Principal of SLTN	FRST LLO	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 DECEMBER 31, 2019

		DISBURSEMENTS*	
1.	MONTH		DISBURSEMENTS
	October 2019		\$ 0.00
	November 2019		\$ 0.00
	December 2019		\$ 0.00
	TOTAL DISBUR FOR QUARTER		\$ 0.00
2.	QUARTERLY FEE OWED PUT 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: 01/08/2020

For the Dabtor 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.