

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION**

In re

ANKA BEHAVIORAL HEALTH,
INCORPORATED,

Debtor.

Case No. 19-41025-WJL

Chapter 11

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC DISCLOSURES REGARDING
THE DEBTOR'S SCHEDULES OF ASSETS AND LIABILITIES**

Introduction

ANKA Behavioral Health, Incorporated (the “**Debtor**”) with the assistance of its advisors, has filed its Schedules of Assets and Liabilities (the “**Schedules**”) with the United States Bankruptcy Court for the Northern District of California (the “**Bankruptcy Court**”), pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes, Methodology, and Specific Disclosures Regarding the Debtor’s Schedules of Assets and Liabilities (the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of the Debtor’s Schedules. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules.

The Schedules do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“**GAAP**”), nor are they intended to be fully reconciled with the financial statements of the Debtor (whether publicly filed or otherwise). Additionally, the Schedules contain unaudited information that is subject to further review and potential adjustment.

In preparing the Schedules, the Debtor relied upon information derived from its books and records that was available at the time of such preparation. Although the Debtor has made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules.

The Debtor and its officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained in

the Schedules. Except as expressly required by the Bankruptcy Code, the Debtor and its officers, employees, agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules or to notify any third party should the information be updated, modified, revised, or re-categorized. The Debtor, on behalf of itself, its officers, employees, agents and advisors disclaim any liability to any third party arising out of or related to the information contained in the Schedules and reserve all rights with respect thereto.

The Schedules have been signed by an authorized representative of the Debtor. In reviewing and signing the Schedules, this representative relied upon the efforts, statements and representations of the Debtor's other personnel and professionals. The representative has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

Global Notes and Overview of Methodology

1. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules; however, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend or supplement the Schedules from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules with respect to any claim ("**Claim**") description, designation, dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules as to amount, liability, priority, status, or classification; subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor. Furthermore, nothing contained in the Schedules shall constitute a waiver of rights with respect to the Debtor's chapter 11 case, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, and any other relevant non- bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtor shall not be required to update the Schedules.
2. **Description of Case and "as of" Information Date.** On April 30, 2019 (the "**Petition Date**"), the Debtor filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtor is operating its business and managing its property as a debtor in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.

The asset information provided in the Schedules, except as otherwise noted, represents the asset data of the Debtor as of April 30, 2019, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtor as of April 30, 2019.

3. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtor to obtain current market valuations for all of its assets. Accordingly, unless otherwise indicated, the Debtor's Schedules reflect net book values as of April 30, 2019, in the Debtor's books and records. Additionally, because the book values of certain assets, may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules if they have no net book value.
4. **Recharacterization.** Notwithstanding the Debtor's reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules, the Debtor may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtor's business. Accordingly, the Debtor reserves all of its rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.
5. **Real Property and Personal Property—Leased.** In the ordinary course of its business, the Debtor leased real property and various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Debtor has made reasonable efforts to list all such leases in the Schedules. The Debtor has made reasonable efforts to include lease obligations on Schedule D (secured debt) to the extent applicable and to the extent the lessor filed a UCC-1. However, nothing in the Schedules is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement).
6. **Excluded Assets and Liabilities.** The Debtor has sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtor reserves all of its rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

The Debtor has excluded certain categories of assets, tax accruals, and liabilities from the Schedules, including, without limitation, goodwill, accrued salaries, employee benefit

accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

The Bankruptcy Court has authorized the Debtor to pay, in its discretion, certain outstanding Claims on a post-petition basis. Prepetition liabilities which have been paid post-petition have been excluded from the Schedules. To the extent the Debtor pays any of the claims listed in the Schedules pursuant to any orders entered by the Bankruptcy Court, the Debtor reserves all rights to amend and supplement the Schedules and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

7. **Insiders.** Solely, for purposes of the Schedules, the Debtor defines “insiders” to include the following: (a) directors; (b) senior level officers; (c) equity holders holding in excess of 5% of the voting securities of the Debtor; (d) Debtor affiliates; and (e) relatives of any of the foregoing (to the extent known by the Debtor). Entities listed as “insiders” have been included for informational purposes and their inclusion shall not constitute an admission that those entities are insiders for purposes of section 101(31) of the Bankruptcy Code.
8. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.
9. **Executory Contracts and Unexpired Leases.** Other than real property leases reported in Schedule A/B 55, the Debtor has not necessarily set forth executory contracts and unexpired leases as assets in the Schedules, even though these contracts and leases may have some value to the Debtor’s estate. The Debtor’s executory contracts and unexpired leases have been set forth in Schedule G.
10. **Materialman’s/Mechanic’s Liens.** The assets listed in the Schedules are presented without consideration of any materialman’s or mechanic’s liens.
11. **Classifications.** Listing a Claim or contract on (a) Schedule D as “secured,” (b) Schedule E/F part 1 as “priority,” (c) Schedule E/F part 2 as “unsecured,” or (d) Schedule G as “executory” or “unexpired,” does not constitute an admission by the Debtor of the legal rights of the Claimant, or a waiver of the Debtor’s rights to recharacterize or reclassify such Claims or contracts or leases or to exercise their rights to setoff against such Claims.
12. **Claims Description.** Schedules D and E/F permit the Debtor to designate a Claim as “disputed,” “contingent,” and/or “unliquidated.” Any failure to designate a Claim on the Debtor’s Schedules as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by that Debtor that such amount is not “disputed,” “contingent,” or “unliquidated,” or that such Claim is not subject to objection. Moreover, listing a Claim does not constitute an admission of liability by the Debtor.
13. **Causes of Action.** Despite its reasonable efforts to identify all known assets, the Debtor

may not have listed all of its causes of action or potential causes of action against third-parties as assets in the Schedules, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtor reserves all of its rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, “**Causes of Action**”) it may have, and neither these Global Notes nor the Schedules shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

14. Summary of Significant Reporting Policies. The following is a summary of significant reporting policies:

- a. Undetermined Amounts. The description of an amount as “unknown,” “TBD” or “undetermined” is not intended to reflect upon the materiality of such amount.
- b. Totals. All totals that are included in the Schedules represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- c. Liens. Property and equipment listed in the Schedules are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

15. Estimates and Assumptions. Because of the timing of the filings, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. Actual amounts could differ from those estimates, perhaps materially.

16. Currency. Unless otherwise indicated, all amounts are reflected in U.S. dollars.

17. Intercompany. The listing in the Schedules (including, without limitation, Schedule A/B or Schedule E/F) by the Debtor of any obligation between the Debtor and any non-debtor affiliate of the Debtor, is a statement of what appears in the Debtor’s books and records and does not reflect any admission or conclusion of the Debtor regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court.

18. Setoffs. The Debtor incurs certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items,

including, without limitation, intercompany transactions, pricing discrepancies, returns, refunds, warranties, debit memos, credits, and other disputes between the Debtor and its suppliers and/or clients. These offsets and other similar rights are consistent with the ordinary course of business in the Debtor's industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and as such, are or may be excluded from the Debtor's Schedules.

19. Global Notes Control. If the Schedules differ from these Global Notes, the Global Notes shall control.

Specific Disclosures with Respect to the Debtor's Schedules

Schedule A/B. All values set forth in Schedule A/B reflect the book value of the Debtor's assets as of April 30, 2019, unless otherwise noted below. Other than real property leases reported on Schedule A/B 55, the Debtor has not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

Schedule A/B 3. Cash values held in financial accounts are listed on Schedule A/B 3 as of April 30, 2019. Details with respect to the Debtor's cash management system and bank accounts are provided in the *Motion Authorizing Debtor To Continue Pre-Petition Cash Management Practices* [Docket No. 12] (the "**Cash Management Motion**").

Schedule A/B 7. Deposit values are listed on Schedule A/B 7 as of April 30, 2019.

Schedule A/B 11. Accounts receivable on Schedule A/B 11 are reported as of April 30, 2019, and do not include intercompany/affiliate receivables, if any..

Schedule A/B 15. Ownership interests in subsidiaries have been listed in Schedules A/B 15 as an undetermined amount because the fair market value of such ownership is dependent on numerous variables and factors and likely differs significantly from their net book value.

Schedule A/B 55. The Debtor owns a 50% interest in property located at 2507 Evelyn Avenue, Rosemeade, CA 91770. The Debtor has listed its real property leases in Schedule A/B 55 along with its leasehold improvements.

Schedule A/B 63. The Debtor maintains a client database. The amount is listed as undetermined because the fair market value of such ownership cannot be determined.

Schedule A/B 74 & 75. In the ordinary course of its business, the Debtor may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds, or warranty Claims. Additionally, the Debtor may be a party to pending litigation in which the Debtor has asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtor and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtor's failure to list any contingent and/or unliquidated claim held by the Debtor in

response to these questions shall not constitute a waiver, release, relinquishment, or forfeiture of such claim.

Schedule D. The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated on Schedule D, real property lessors, utility companies, and other parties that may hold security deposits have not been listed on Schedule D. Nothing herein shall be construed as an admission by the Debtor of the legal rights of the Claimant or a waiver of the Debtor's right to recharacterize or reclassify such Claim or contract.

Moreover, the Debtor has not included on Schedule D parties that may believe their Claims are secured through setoff rights, letters of credit, surety bonds, or inchoate statutory lien rights.

Schedule E/F part 2. The Debtor has used reasonable efforts to report all general unsecured Claims against the Debtor on Schedule E/F part 2, based upon the Debtor's books and records as of the Petition Date.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtor did not list a date for each Claim listed on Schedule E/F part 2. Furthermore, claims listed on Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving the Debtor. The dollar amount of potential Claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated, and disputed in the Schedules. Some of the litigation Claims listed on Schedule E/F may be subject to subordination pursuant to section 510 of the Bankruptcy Code. Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtor's liabilities with respect to any of the potential suits and proceedings included therein.

Schedule E/F part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

Schedule G. Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtor's reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired

lease, was in effect on the Petition Date, or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters, and other documents that may not be listed on Schedule G or that may be listed as a single entry. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the Debtor and such supplier or provider. The Debtor expressly reserves its right to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable or separate contracts.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments, and agreements that may not be listed therein despite the Debtor's use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

In addition, the Debtor may have entered into various other types of agreements in the ordinary course of its business, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.

Schedule H. For purposes of Schedule H, the Debtor may not have identified certain guarantees associated with the Debtor's executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements.

In the ordinary course of its business, the Debtor may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because the Debtor has treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on the Debtor's Schedule E/F part 2.

Fill in this information to identify the case:**Debtor name:** ANKA Behavioral Health, Incorporated**United States Bankruptcy Court for the:** Northern District of California**Case number (if known):** 19-41025☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B	\$1,047,134.70
1b. Total personal property: Copy line 91A from Schedule A/B	\$6,942,770.70
1c. Total of all property: Copy line 92 from Schedule A/B	\$7,989,905.40

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$7,291,940.91
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	\$224,008.07
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+ \$6,796,157.22
4. Total liabilities Lines 2 + 3a + 3b	\$14,312,106.20

Fill in this information to identify the case:**Debtor name:** ANKA Behavioral Health, Incorporated**United States Bankruptcy Court for the:** Northern District of California**Case number (if known):** 19-41025☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
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2. Cash on hand

2.1. PETTY - CENTRAL CA REGIONAL	\$1,900.00
2.2. PETTY CASH	\$2,800.00
2.3. PETTY CASH	\$100.00
2.4. PETTY CASH - ADMINISTRATION	\$200.00
2.5. PETTY CASH - AMADOR HOME	\$1,700.00
2.6. PETTY CASH - ANKA LA LOMA	\$1,200.00
2.7. PETTY CASH - ANKA MAPLE	\$1,600.00
2.8. PETTY CASH - ANKA PABLO LANE	\$1,300.00
2.9. PETTY CASH - ANKA PRISCILLA L	\$2,300.00
2.10. PETTY CASH - ANKA SHASTA	\$500.00
2.11. PETTY CASH - ANKA WYOMING	\$1,500.00
2.12. PETTY CASH - ARROYO GRANDE	\$1,100.00
2.13. PETTY CASH - BARBARA LANE	\$803.64
2.14. PETTY CASH - BECK LANE	\$1,100.00
2.15. PETTY CASH - BHC	\$1,100.00
2.16. PETTY CASH - BRIGHT HOUSE	\$2,800.00

2.17. PETTY CASH - CALTRANS	\$500.00
2.18. PETTY CASH - CASA FREMONT	\$1,507.00
2.19. PETTY CASH - CASA OAKVIEW	\$2,000.00
2.20. PETTY CASH - CASA PHOENIX	\$1,800.00
2.21. PETTY CASH - CASA SAN JOAQUIN	\$2,300.00
2.22. PETTY CASH - CASA VALLEJO	\$2,050.00
2.23. PETTY CASH - CASA VERDE	\$350.00
2.24. PETTY CASH - CLOVER CREEK	\$500.00
2.25. PETTY CASH - COTTONTAIL	\$974.70
2.26. PETTY CASH - DESERT CRT	\$2,800.00
2.27. PETTY CASH - DON BROWN SHELTE	\$2,000.00
2.28. PETTY CASH - EVELYN HOME	\$1,800.00
2.29. PETTY CASH - EVERGREEN	\$1,000.00
2.30. PETTY CASH - FINANCE	\$600.00
2.31. PETTY CASH - FRESNO PROBATION	\$500.00
2.32. PETTY CASH - GLEN EDEN	\$700.00
2.33. PETTY CASH - GRANT HOUSE	\$2,800.00
2.34. PETTY CASH - HAYWARD HILLS	\$1,400.00
2.35. PETTY CASH - HILLMONT HOUSE	\$2,000.00
2.36. PETTY CASH - HOPE	\$200.00
2.37. PETTY CASH - LA PUENTE	\$200.00
2.38. PETTY CASH - LINDERO	\$1,000.00
2.39. PETTY CASH - MICHIGAN	\$400.00
2.40. PETTY CASH - MOURFIELD HOUSE	\$3,100.00
2.41. PETTY CASH - NEVIN	\$2,850.00
2.42. PETTY CASH - NIERIKA	\$2,800.00
2.43. PETTY CASH - ORCHARD LANE	\$1,200.00
2.44. PETTY CASH - PARKS LANE	\$1,000.00
2.45. PETTY CASH - PHOENIX CENTER	\$200.00
2.46. PETTY CASH - PHOENIX ENTERPRISE	\$500.00
2.47. PETTY CASH - POWER CENTRAL	\$250.00
2.48. PETTY CASH - PROJECTS	\$2,100.00
2.49. PETTY CASH - RANCHO WEST	\$3,000.00
2.50. PETTY CASH - RCEB DAY PROGRAM	\$1,100.00
2.51. PETTY CASH - SANTA BARBARA	\$2,300.00
2.52. PETTY CASH - SANTA CLARA	\$1,943.33
2.53. PETTY CASH - SANTA MARIA	\$2,300.00
2.54. PETTY CASH - SERENITY PLACE	\$500.00
2.55. PETTY CASH - SOUTH HILLS	\$1,300.00

2.56.	PETTY CASH - STAR VET	\$150.00
2.57.	PETTY CASH - STOP PLUS	\$400.00
2.58.	PETTY CASH - SYCAMORE LN	\$2,600.00
2.59.	PETTY CASH - TAYLOR HOME	\$1,700.00
2.60.	PETTY CASH - TRANQUILITY	\$1,200.00
2.61.	PETTY CASH - US PROBATION	\$500.00
2.62.	PETTY CASH - VENTURA CRT	\$2,700.00
2.63.	PETTY CASH - VISTA POINT	\$1,000.00
2.64.	PETTY CASH - WEST POWER	\$300.00
2.65.	PETTY CASH - WESTON RANCH	\$1,350.00
2.66.	PETTY CASH - ZOOK PLACE	\$1,800.00
2.67.	PETTY CASH -CASA ROHNERT	\$1,809.00
2.68.	PETTY CASH-TRANSFERRED FROM C	\$100.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	WELLS FARGO BANK	CHECKING	3449	\$207,117.75
3.2. ¹	WELLS FARGO BANK	CHECKING	3500	\$0.00
3.3. ¹	WELLS FARGO BANK	CHECKING	9554	\$0.00
3.4. ¹	WELLS FARGO BANK	CHECKING	5783	\$0.00
3.5. ¹	WELLS FARGO BANK	CHECKING	0217	\$0.00
3.6. ¹	WELLS FARGO BANK	CHECKING	0225	\$0.00
3.7. ¹	WELLS FARGO BANK	CHECKING	0233	\$0.00
3.8. ¹	WELLS FARGO BANK	CHECKING	0241	\$0.00
3.9. ¹	WELLS FARGO BANK	CHECKING	5294	\$0.00
3.10. ¹	WELLS FARGO BANK	CHECKING	4514	\$0.00
3.11. ¹	WELLS FARGO BANK	CHECKING	4548	\$0.00
3.12.	WELLS FARGO BANK	CHECKING	5936	\$399,090.75
3.13.	WELLS FARGO BANK	CHECKING	5993	\$0.01
3.14.	WELLS FARGO BANK	CHECKING	6017	\$384.43
3.15.	WELLS FARGO BANK	CHECKING	6389	\$417.28
3.16. ¹	WELLS FARGO BANK	CHECKING	6587	\$0.00
3.17.	WELLS FARGO BANK	CHECKING	7213	\$8.78
3.18.	WELLS FARGO BANK	CHECKING	7221	\$0.60
3.19. ¹	WELLS FARGO BANK	CHECKING	1309	\$0.00
3.20. ¹	UNION BANK	CHECKING	3619	\$0.00
3.21.	BBVA COMPASS	CHECKING	8931	\$4,051.68

¹ACCOUNT BALANCES ARE LISTED AT \$0.00 DUE TO THE FACT THAT THESE ACCOUNTS CONTAIN PATIENT/RESIDENT FUNDS, WHICH ARE NOT ASSETS OF THE DEBTOR

4. Other cash equivalents (Identify all)

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.					\$

5. Total of part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$704,508.95**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	CORPORATE OFFICE SECURITY DEPOSIT AMA CONSTRUCTION & REALTY DBA VENTURA EXECUTIVE SUITES	\$1,450.00
7.2.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BACA PROPERTIES	\$1,584.00
7.3.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BACON HOUSE	\$7,145.83
7.4.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BEN CAPUTO	\$6,346.26
7.5.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BOB MACHADO FOR V BURLINGHAM	\$4,333.33
7.6.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BOK KYU KIM	\$4,502.00
7.7.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BRIAN BAYLIES	\$7,931.40
7.8.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BRIAN DRISCOLL	\$8,400.00
7.9.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BRIAN DRISCOLL	\$4,050.00
7.10.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BRILLIANT CORNERS	\$6,556.00
7.11.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BRILLIANT CORNERS	\$9,018.00
7.12.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT BRILLIANT CORNERS	\$7,263.00
7.13.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT CAP GROW HOLDING JV SUB III LLC	\$6,053.00

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.14.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT CAPGROW HOLDINGS JV SUB 11 LLC	\$4,125.00
7.15.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT CAPGROW HOLDINGS JV SUB 11 LLC	\$6,492.00
7.16.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT CAPGROW HOLDINGS JV SUB 11 LLC	\$7,708.00
7.17.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT CARMELITA PINEDA	\$12,800.00
7.18.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT CHARLES PATRICK CARTER	\$9,892.00
7.19.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT DELTA REALTY GROUP	\$1,100.00
7.20.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT ERNESTO OR GLORIA TORNER	\$5,500.00
7.21.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT HOFFMANN PLASTERING COMPANY	\$7,000.00
7.22.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT HOFMAN HOLDINGS, LP	\$6,324.72
7.23.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT JAMES D RICHARDSON	\$3,000.00
7.24.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT MARK T CHEN	\$2,200.00
7.25.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT MICHAEL J ANTHONY	\$1,250.00
7.26.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT NEWARK LLC	\$4,000.00
7.27.	CORPORATE OFFICE SECURITY DEPOSIT NUCP FUND 1, LLC	\$6,000.00
7.28.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT PHILLIP CORVINUS	\$5,295.00
7.29.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT PROPERTY UPSURGE, REAL PROPERTY MANAGEMENT, TOWN AND COUNTRY MGMT	\$8,281.00
7.30.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT PROSPER HOLDING LLC	\$2,808.00
7.31.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT QIAN INVESTMENTS LLC	\$22,333.32

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.32.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT QIAN INVESTMENTS LLC	\$25,200.00
7.33.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT RONDO RESOURCES, INC.	\$8,000.00
7.34.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT TODD ROLOFF	\$3,877.00
7.35.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT TODD ROLOFF	\$8,200.00
7.36.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT TRI-COUNTIES COMMUNITY HOUSING	\$9,100.00
7.37.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT TRI-COUNTIES COMMUNITY HOUSING	\$4,250.00
7.38.	FACILITY - REAL PROPERTY LEASE SECURITY DEPOSIT VISTA PACIFIC ENT, INC.	\$20,000.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	PREPAID - AUDIT & LICENSES VARIOUS GOVERNMENTAL ENTITIES	\$27,175.59
8.2.	PREPAID - GENERAL INSURANCE VARIOUS INSURANCE COMPANIES	\$64,800.00
8.3.	PREPAID - VEHICLE INSURANCE VARIOUS INSURANCE COMPANIES	\$0.00
8.4.	PREPAID - FLOOD INSURANCE VARIOUS INSURANCE COMPANIES	\$13,819.33
8.5.	PREPAID - D&O INSURANCE VARIOUS INSURANCE COMPANIES	\$6,544.00

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81.

\$381,707.78

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

		Face amount	Doubtful or uncollectible accounts		
11a.	90 days old or less:	\$5,229,089.94	- \$0.00	= →	\$5,229,089.94
11b.	Over 90 days old:	\$273,905.75	- \$0.00	= →	\$273,905.75

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,502,995.69**Part 4: Investments****13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

	Valuation method used for current value	Current value of debtor's interest
14. Mutual funds or publicly traded stocks not included in Part 1		
Name of fund or stock		
14.1.		\$
15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture		
	Name of entity	% of ownership
15.1.	ANKA MHSA HOLDING COMPANY, LLC	100.00%
15.2.	AP&H, INC.	100.00%
16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1		
Describe		
16.1.		\$
17. Total of part 4		UNDETERMINED
Add lines 14 through 16. Copy the total to line 83.		

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials					
19.1.			\$		\$
20. Work in progress					
20.1.			\$		\$

21. Finished goods, including goods held for resale

21.1. _____ \$ _____ \$ _____

22. Other inventory or supplies

22.1. _____ \$ _____ \$ _____

23. Total of part 5

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes Book value: \$ _____ Valuation method: _____ Current value: \$ _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
28.1. _____	\$ _____	_____	\$ _____
29. Farm animals. Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
30.1. _____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
31.1. _____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
32.1. _____	\$ _____	_____	\$ _____

33. Total of part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No

☐ Yes Book value: \$_____ Valuation method: _____ Current value: \$_____

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No

☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1. CORPORATE OFFICE - FURNITURE & FIXTURES	UNDETERMINED	_____	UNDETERMINED
40. Office fixtures			
40.1. CORPORATE OFFICE - OWNED OFFICE FIXTURES	UNDETERMINED	_____	UNDETERMINED
41. Office equipment, including all computer equipment and communication systems equipment and software			
	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. CORPORATE OFFICE - OWNED OFFICE EQUIPMENT	\$3,417.00	Net Book Value	UNDETERMINED
42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1. _____	\$ _____	_____	\$ _____
43. Total of part 7			
Add lines 39 through 42. Copy the total to line 86.			UNDETERMINED

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available) (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB36F1104467	\$0.00		\$0.00
47.2.	LEASE OF 2016 ACURA RLX VIN # JH4KC1F57GC001601	\$0.00		\$0.00
47.3.	LEASE OF 2017 CHEVROLET EXPRESS 3500 VIN # 1GAZGPF9H1173062	\$0.00		\$0.00
47.4.	LEASE OF 2016 CHEVROLET EXPRESS 3500 VIN # 1GAZGPF9G2G1271008	\$0.00		\$0.00
47.5.	LEASE OF 2016 CHEVROLET EXPRESS 3500 VIN # 1GAZGPF9G4G1302467	\$0.00		\$0.00
47.6.	LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB32F1104806	\$0.00		\$0.00
47.7.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG5FR736851	\$0.00		\$0.00
47.8.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG6FR549652	\$0.00		\$0.00
47.9.	LEASE OF 2016 FORD TRANSIT-350 VIN # 1FBZX2CG1GKA53154	\$0.00		\$0.00
47.10.	LEASE OF 2016 FORD TRANSIT-350 VIN # 1FBZX2CG4GKA49549	\$0.00		\$0.00
47.11.	LEASE OF 2014 DODGE GRAND CARAVAN VIN # 2C4RDGBG5ER422048	\$0.00		\$0.00
47.12.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG9FR557549	\$0.00		\$0.00
47.13.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG2FR635797	\$0.00		\$0.00
47.14.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG9FR574884	\$0.00		\$0.00
47.15.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG0FR613202	\$0.00		\$0.00
47.16.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG4FR569883	\$0.00		\$0.00
47.17.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG7FR607462	\$0.00		\$0.00
47.18.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG0FR549744	\$0.00		\$0.00
47.19.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG9FR512935	\$0.00		\$0.00
47.20.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG5FR542398	\$0.00		\$0.00
47.21.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG0FR543331	\$0.00		\$0.00

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47.22.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG9FR568146	\$0.00	_____	\$0.00
47.23.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG0FR557553	\$0.00	_____	\$0.00
47.24.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG2FR569705	\$0.00	_____	\$0.00
47.25.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG1FR608428	\$0.00	_____	\$0.00
47.26.	LEASE OF 2015 FORD TRANSIT-350 VIN # 1FBAX2CM2FKA17202	\$0.00	_____	\$0.00
47.27.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG6FR580948	\$0.00	_____	\$0.00
47.28.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG2FR643706	\$0.00	_____	\$0.00
47.29.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG3FR607474	\$0.00	_____	\$0.00
47.30.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG3FR633816	\$0.00	_____	\$0.00
47.31.	LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB39F1584262	\$0.00	_____	\$0.00
47.32.	LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB30F1580942	\$0.00	_____	\$0.00
47.33.	LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB35F1090786	\$0.00	_____	\$0.00
47.34.	LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB39F1581989	\$0.00	_____	\$0.00
47.35.	LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB32F1578741	\$0.00	_____	\$0.00
47.36.	LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB37F1086934	\$0.00	_____	\$0.00
47.37.	LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB33F1583656	\$0.00	_____	\$0.00
47.38.	LEASE OF 2015 FORD F-150 VIN # 1FTEW1CP3FKE11067	\$0.00	_____	\$0.00
47.39.	LEASE OF 2015 FORD TRANSIT-350 VIN # 1FBZX2CG3FKA75252	\$0.00	_____	\$0.00
47.40.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG8GR117307	\$0.00	_____	\$0.00
47.41.	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG4FR748022	\$0.00	_____	\$0.00
47.42.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG5GR102196	\$0.00	_____	\$0.00
47.43.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG2GR125788	\$0.00	_____	\$0.00
47.44.	LEASE OF 2016 TOYOTA SIENNA VIN # 5TDKK3DC4GS700734	\$0.00	_____	\$0.00
47.45.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG9GR227489	\$0.00	_____	\$0.00
47.46.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG7GR227488	\$0.00	_____	\$0.00
47.47.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG2GR220240	\$0.00	_____	\$0.00
47.48.	LEASE OF 2016 FORD TRANSIT-350 VIN # 1FBZX2CG5GKA40990	\$0.00	_____	\$0.00
47.49.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG4GR220238	\$0.00	_____	\$0.00

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47.50.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG4GR256284	\$0.00	_____	\$0.00
47.51.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG6GR399110	\$0.00	_____	\$0.00
47.52.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG3GR266515	\$0.00	_____	\$0.00
47.53.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG4GR146948	\$0.00	_____	\$0.00
47.54.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG1GR125796	\$0.00	_____	\$0.00
47.55.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG8GR399528	\$0.00	_____	\$0.00
47.56.	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG4GR357860	\$0.00	_____	\$0.00
47.57.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDZZ3DC3HS822612	\$0.00	_____	\$0.00
47.58.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DC0HS872997	\$0.00	_____	\$0.00
47.59.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DCXHS866835	\$0.00	_____	\$0.00
47.60.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DC7HS874939	\$0.00	_____	\$0.00
47.61.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DC1HS852418	\$0.00	_____	\$0.00
47.62.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DC8HS894505	\$0.00	_____	\$0.00
47.63.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDZZ3DC2HS885037	\$0.00	_____	\$0.00
47.64.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DC2HS847163	\$0.00	_____	\$0.00
47.65.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDZZ3DC4HS876923	\$0.00	_____	\$0.00
47.66.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDZZ3DC5HS876445	\$0.00	_____	\$0.00
47.67.	LEASE OF 2017 FORD TRANSIT-350 VIN # 1FBZX2ZM5HKA59831	\$0.00	_____	\$0.00
47.68.	LEASE OF 2015 FORD TRANSIT-350 VIN # 1FBZX2ZM9FKA58923	\$0.00	_____	\$0.00
47.69.	LEASE OF 2016 FORD TRANSIT-350 VIN # 1FBZX2ZM3GKA89456	\$0.00	_____	\$0.00
47.70.	LEASE OF 2015 FORD TRANSIT-350 VIN # 1FBZX2ZM7FKB22439	\$0.00	_____	\$0.00
47.71.	LEASE OF 2017 TOYOTA SIENNA VIN # 5TDZZ3DC9HS877971	\$0.00	_____	\$0.00
47.72.	LEASE OF 2018 TOYOTA SIENNA VIN # 5TDKZ3DC2JS941503	\$0.00	_____	\$0.00
47.73.	LEASE OF 2019 FORD TRANSIT-150 VIN # 1FMZK1CMXKKA07210	\$0.00	_____	\$0.00
47.74.	LEASE OF 2019 FORD TRANSIT-150 VIN # 1FMZK1CM3KKA07209	\$0.00	_____	\$0.00
47.75.	LEASE OF 2014 FORD E-150 VIN # 1FMNE1BW9EDA03618	\$0.00	_____	\$0.00
47.76.	OWNED - 2008 DODGE DAKOTA SLT VIN # 3742	\$0.00	_____	\$0.00

48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1. _____ \$ _____ _____ \$ _____

49. Aircraft and accessories

49.1. _____ \$ _____ _____ \$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

50.1.	FACILITY FURNITURE & FIXTURES - AMADOR HOME	\$0.00		UNDETERMINED
50.2.	FACILITY FURNITURE & FIXTURES - ANKA MAPLE	\$0.00		UNDETERMINED
50.3.	FACILITY FURNITURE & FIXTURES - ANKA WESTON	\$5,582.82	Net Book Value	\$5,582.82
50.4.	FACILITY FURNITURE & FIXTURES - ANKA WYOMING	\$0.00		UNDETERMINED
50.5.	FACILITY FURNITURE & FIXTURES - ARROYO GRANDE	\$1,326.87	Net Book Value	\$1,326.87
50.6.	FACILITY FURNITURE & FIXTURES - BECK LANE	\$27,941.02	Net Book Value	\$27,941.02
50.7.	FACILITY FURNITURE & FIXTURES - BRENDA HOUSE	\$0.00		UNDETERMINED
50.8.	FACILITY FURNITURE & FIXTURES - BRIGHT HOUSE	\$0.00		UNDETERMINED
50.9.	FACILITY FURNITURE & FIXTURES - CASA OAKVIEW	\$8,600.07	Net Book Value	\$8,600.07
50.10.	FACILITY FURNITURE & FIXTURES - CLOVER CREEK	\$24,713.33	Net Book Value	\$24,713.33
50.11.	FACILITY FURNITURE & FIXTURES - ELARC-I	\$0.00		UNDETERMINED
50.12.	FACILITY FURNITURE & FIXTURES - HAYWARD HILLS	\$0.00		UNDETERMINED
50.13.	FACILITY FURNITURE & FIXTURES - HOPE-SOLANO	\$0.00		UNDETERMINED
50.14.	FACILITY FURNITURE & FIXTURES - KAISER VALLEJO	\$0.00		UNDETERMINED
50.15.	FACILITY FURNITURE & FIXTURES - LA PUENTE	\$27,436.13	Net Book Value	\$27,436.13
50.16.	FACILITY FURNITURE & FIXTURES - LINDERO	\$0.00		UNDETERMINED
50.17.	FACILITY FURNITURE & FIXTURES - MOURFIELD HOUSE	\$0.00		UNDETERMINED
50.18.	FACILITY FURNITURE & FIXTURES - NEVIN	\$0.00		UNDETERMINED
50.19.	FACILITY FURNITURE & FIXTURES - ORCHARD LANE	\$22,706.07	Net Book Value	\$22,706.07
50.20.	FACILITY FURNITURE & FIXTURES - PHOENIX CENTER	\$0.00		UNDETERMINED
50.21.	FACILITY FURNITURE & FIXTURES - RANCHO WEST	\$0.00		UNDETERMINED
50.22.	FACILITY FURNITURE & FIXTURES - SOUTH HILLS	\$20,501.12	Net Book Value	\$20,501.12
50.23.	FACILITY FURNITURE & FIXTURES - TAYLOR HOME	\$0.00		UNDETERMINED
50.24.	FACILITY FURNITURE & FIXTURES - TRI VALLEY CTR	\$0.00		UNDETERMINED
50.25.	FACILITY FURNITURE & FIXTURES - VENTURA CRT	\$0.00		UNDETERMINED
50.26.	FACILITY FURNITURE & FIXTURES - ZOOK PLACE	\$14,094.05	Net Book Value	\$14,094.05
50.27.	FACILITY FURNITURE & FIXTURES - DON BROWN SHELTER	\$849.88	Net Book Value	\$849.88
50.28.	FACILITY FURNITURE & FIXTURES - CENTRAL COUNTY	\$50,333.15	Net Book Value	\$50,333.15
50.29.	FACILITY FURNITURE & FIXTURES - HILLMONT	\$0.00		UNDETERMINED
50.30.	FACILITY FURNITURE & FIXTURES - MICHIGAN	\$0.00		UNDETERMINED
50.31.	FACILITY FURNITURE & FIXTURES - ENTERPRISE	\$0.00		UNDETERMINED
50.32.	FACILITY FURNITURE & FIXTURES - SYNERGY HOMELESS	\$0.00		UNDETERMINED
50.33.	FACILITY FURNITURE & FIXTURES - FLORA	UNDETERMINED		UNDETERMINED
50.34.	FACILITY FURNITURE & FIXTURES - CASA MICHAEL	UNDETERMINED		UNDETERMINED
50.35.	FACILITY FURNITURE & FIXTURES - EVERGREEN	\$20,687.30	Net Book Value	\$20,687.30
50.36.	FACILITY FURNITURE & FIXTURES - PARKS	\$42,872.87	Net Book Value	\$42,872.87
50.37.	FACILITY FURNITURE & FIXTURES - SERENITY	\$59,938.06	Net Book Value	\$59,938.06
50.38.	FACILITY FURNITURE & FIXTURES - TRANQUILITY	\$25,975.54	Net Book Value	\$25,975.54

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87.

\$353,558.28

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1.	_____	LESSEE	UNDETERMINED	_____	UNDETERMINED
	CORPORATE OFFICE - LEASE ANKA BHI CORPORATE 3480 BUSKIRK AVE. SUITE 300 PLEASANT HILL CA 94523				
55.2.	_____	LESSEE	\$490,668.90	Net book Value	\$490,668.90
	CORPORATE OFFICE - LEASEHOLD IMPROVEMENTS ANKA BHI CORPORATE 3480 BUSKIRK AVE. SUITE 300 PLEASANT HILL CA 94523				
55.3.	_____	LESSEE	UNDETERMINED	_____	UNDETERMINED
	PATIENT FACILITY - LEASE AKRON VETERANS 3258 RINGLE RD. AKRON MI 48701				
55.4.	_____	LESSEE	UNDETERMINED	_____	UNDETERMINED
	PATIENT FACILITY - LEASEHOLD IMPROVEMENTS AKRON VETERANS 3258 RINGLE RD. AKRON MI 48701				
55.5.	_____	LESSEE	UNDETERMINED	_____	UNDETERMINED
	PATIENT FACILITY - LEASE AMADOR HOME 7137 AMADOR VALLEY BLVD DUBLIN CA 94568				

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.6.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS AMADOR HOME 7137 AMADOR VALLEY BLVD DUBLIN CA 94568	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.7.	_____ PATIENT FACILITY - LEASE AMADOR TRI VALLEY 2177 LAS POSITAS COURT SUITE B/C LIVERMORE CA 94551	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.8.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS AMADOR TRI VALLEY 2177 LAS POSITAS COURT SUITE B/C LIVERMORE CA 94551	LESSEE	\$6,676.25	Net book Value	\$6,676.25
55.9.	_____ PATIENT FACILITY - LEASE ARROYO GRANDE 2119 LOPEZ DRIVE ARROYO GRANDE CA 93420	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.10.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS ARROYO GRANDE 2119 LOPEZ DRIVE ARROYO GRANDE CA 93420	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.11.	_____ PATIENT FACILITY - LEASE BARBARA LANE 942 BARBARA LANE POMONA CA 91767	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.12.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS BARBARA LANE 942 BARBARA LANE POMONA CA 91767	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.13.	_____ PATIENT FACILITY - LEASE BECK LANE 4500 BECK LANE VACAVILLE CA 95688	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.14.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS BECK LANE 4500 BECK LANE VACAVILLE CA 95688	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.15.	_____ PATIENT FACILITY - LEASE BRIGHT HOUSE 8248 S. BRIGHT ROAD FRENCH CAMP CA 95231	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.16.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS BRIGHT HOUSE 8248 S. BRIGHT ROAD FRENCH CAMP CA 95231	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.17.	_____ PATIENT FACILITY - LEASE CALTRANS SANTA CLARA 75 PHELAN AVE. SUITE 8 SAN JOSE CA 95112	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.18.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CALTRANS SANTA CLARA 75 PHELAN AVE. SUITE 8 SAN JOSE CA 95112	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.19.	_____ PATIENT FACILITY - LEASE CASA FREMONT 5149 WINSTON CT FREMONT CA 94536	LESSEE	UNDETERMINED	_____	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.20.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA FREMONT 5149 WINSTON CT FREMONT CA 94536	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.21.	_____ PATIENT FACILITY - LEASE CASA OAKVIEW 1658 GLEN OAK CT LAFAYETTE CA 94549	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.22.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA OAKVIEW 1658 GLEN OAK CT LAFAYETTE CA 94549	LESSEE	\$34,523.36	Net book Value	\$34,523.36
55.23.	_____ PATIENT FACILITY - LEASE CASA PHOENIX 740 HOLLYHOCK DR SAN LEANDRO CA 94578	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.24.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA PHOENIX 740 HOLLYHOCK DR SAN LEANDRO CA 94578	LESSEE	\$2,915.03	Net book Value	\$2,915.03
55.25.	_____ PATIENT FACILITY - LEASE CASA ROHNERT PARK 1033 SAN FRANCISCO WAY ROHNERT PARK CA 94928	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.26.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA ROHNERT PARK 1033 SAN FRANCISCO WAY ROHNERT PARK CA 94928	LESSEE	\$11,313.14	Net book Value	\$11,313.14
55.27.	_____ PATIENT FACILITY - LEASE CASA SAN JOAQUIN 401 S. AIRPORT WAY MANTECA CA 95337	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.28.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA SAN JOAQUIN 401 S. AIRPORT WAY MANTECA CA 95337	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.29.	_____ PATIENT FACILITY - LEASE CASA VALLEJO 3467 EDGEWATER PL VALLEJO CA 94591	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.30.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA VALLEJO 3467 EDGEWATER PL VALLEJO CA 94591	LESSEE	\$7,607.69	Net book Value	\$7,607.69
55.31.	_____ PATIENT FACILITY - LEASE CASA VERDE - 2 1629 CAVALLLO ROAD APT D ANTIOCH CA 94509	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.32.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA VERDE - 2 1629 CAVALLLO ROAD APT D ANTIOCH CA 94509	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.33.	_____ PATIENT FACILITY - LEASE CASA VERDE - 3 5085 CRESTPARK ANTIOCH CA 94531	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.34.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA VERDE - 3 5085 CRESTPARK ANTIOCH CA 94531	LESSEE	UNDETERMINED	_____	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.35.	_____ PATIENT FACILITY - LEASE CASA VERDE - 4 171 DIAMAGGIO AVENUE PITTSBURG CA 94565	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.36.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA VERDE - 4 171 DIAMAGGIO AVENUE PITTSBURG CA 94565	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.37.	_____ PATIENT FACILITY - LEASE CASA VERDE -1 323 AVALON CIRCLE PITTSBURG CA 94565	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.38.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA VERDE -1 323 AVALON CIRCLE PITTSBURG CA 94565	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.39.	_____ PATIENT FACILITY - LEASE CLOVER CREEK 20374 PICKFORD WAY REDDING CA 96002	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.40.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CLOVER CREEK 20374 PICKFORD WAY REDDING CA 96002	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.41.	_____ PATIENT FACILITY - LEASE COTTONTAIL HOUSE 3 COTTONTAIL DRIVE POMONA CA 91766	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.42.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS COTTONTAIL HOUSE 3 COTTONTAIL DRIVE POMONA CA 91766	LESSEE	UNDETERMINED	_____	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.43.	_____ PATIENT FACILITY - LEASE DON BROWN SHELTER 1401 WEST 4TH STREET ANTIOCH CA 94509	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.44.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS DON BROWN SHELTER 1401 WEST 4TH STREET ANTIOCH CA 94509	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.45.	_____ PATIENT FACILITY - LEASE EVELYN HOME 2507 EVELYN AVENUE ROSEMEAD CA 91770	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.46.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS EVELYN HOME 2507 EVELYN AVENUE ROSEMEAD CA 91770	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.47.	_____ PATIENT FACILITY - 50% OWNER EVELYN HOME 2507 EVELYN AVENUE ROSEMEAD CA 91770	OWNER	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.48.	_____ PATIENT FACILITY - LEASE EVERGREEN 830 NORTH EVERGREEN STREET BURBANK CA 91505	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.49.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS EVERGREEN 830 NORTH EVERGREEN STREET BURBANK CA 91505	LESSEE	\$82,451.13	Net book Value	\$82,451.13
55.50.	_____ PATIENT FACILITY - LEASE FRESNO CSWP 4550 EAST PINE AVE. FRESNO CA 93703	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.51.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS FRESNO CSWP 4550 EAST PINE AVE. FRESNO CA 93703	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.52.	_____ PATIENT FACILITY - LEASE FSP CENTRAL 2975 TREAT BLVD. SUITE C-5 CONCORD CA 93703	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.53.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS FSP CENTRAL 2975 TREAT BLVD. SUITE C-5 CONCORD CA 93703	LESSEE	\$9,690.00	Net book Value	\$9,690.00
55.54.	_____ PATIENT FACILITY - LEASE GLEN EDEN 1976 ELDER WAY HAYWARD CA 94545	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.55.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS GLEN EDEN 1976 ELDER WAY HAYWARD CA 94545	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.56.	_____ PATIENT FACILITY - LEASE GRANT HOUSE 1117 SOUTH GRANT ST STOCKTON CA 95206	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.57.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS GRANT HOUSE 1117 SOUTH GRANT ST STOCKTON CA 95206	LESSEE	\$3,230.00	Net book Value	\$3,230.00

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.58.	_____ PATIENT FACILITY - LEASE HAYWARD HILLS 27971 FAIRVIEW AVENUE HAYWARD CA 94542	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.59.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS HAYWARD HILLS 27971 FAIRVIEW AVENUE HAYWARD CA 94542	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.60.	_____ PATIENT FACILITY - LEASE HILLMONT HOUSE MHRC 1750 LEWIS RD BLDG A CAMARILLO CA 98012	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.61.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS HILLMONT HOUSE MHRC 1750 LEWIS RD BLDG A CAMARILLO CA 98012	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.62.	_____ PATIENT FACILITY - LEASE HOPE CONCORD (US PROBATION PROGRAM) 1470 CIVIC CT STE 100 CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.63.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS HOPE CONCORD (US PROBATION PROGRAM) 1470 CIVIC CT STE 100 CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.64.	_____ PATIENT FACILITY - LEASE HOPE SOLANO AOD 251 GEORGIA STREET (SPLIT) FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.65.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS HOPE SOLANO AOD 251 GEORGIA STREET (SPLIT) FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.66.	_____ PATIENT FACILITY - LEASE LA LOMA 1151 LA LOMA DRIVE NIPOMO CA 93444	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.67.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS LA LOMA 1151 LA LOMA DRIVE NIPOMO CA 93444	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.68.	_____ PATIENT FACILITY - LEASE LA PUENTE VILLA 549 SOUTH 3RD AVENUE LA PUENTE CA 91746	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.69.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS LA PUENTE VILLA 549 SOUTH 3RD AVENUE LA PUENTE CA 91746	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.70.	_____ PATIENT FACILITY - LEASE LINDERO 3711 LINDERO DRIVE CONCORD CA 94519	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.71.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS LINDERO 3711 LINDERO DRIVE CONCORD CA 94519	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.72.	_____ PATIENT FACILITY - LEASE LODI 458 ALMOND DR. LODI CA 95240	LESSEE	UNDETERMINED	_____	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.73.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS LODI 458 ALMOND DR. LODI CA 95240	LESSEE	\$5,088.63	Net book Value	\$5,088.63
55.74.	_____ PATIENT FACILITY - LEASE MAPLE HOUSE 2120 NORTH MAPLE STREET BURBANK CA 91505	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.75.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS MAPLE HOUSE 2120 NORTH MAPLE STREET BURBANK CA 91505	LESSEE	\$77,333.37	Net book Value	\$77,333.37
55.76.	_____ PATIENT FACILITY - LEASE MHSA - 3 3561 ESPERANZA CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.77.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS MHSA - 3 3561 ESPERANZA CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.78.	_____ PATIENT FACILITY - LEASE MHSA -1 1601 S. FRANCISCO COURT ANTIOCH CA 94509	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.79.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS MHSA -1 1601 S. FRANCISCO COURT ANTIOCH CA 94509	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.80.	_____ PATIENT FACILITY - LEASE MHSA -2 1166 JEWET AVE PITTSBURG CA 94565	LESSEE	UNDETERMINED	_____	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.81.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS MHSA -2 1166 JEWET AVE PITTSBURG CA 94565	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.82.	_____ PATIENT FACILITY - LEASE NEVIN HOUSE 3221/3215 NEVIN AVE RICHMOND CA 94808	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.83.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS NEVIN HOUSE 3221/3215 NEVIN AVE RICHMOND CA 94808	LESSEE	\$4,026.26	Net book Value	\$4,026.26
55.84.	_____ PATIENT FACILITY - LEASE NIERIKA HOUSE 1959 SOLANO WAY CONCORD CA 94520	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.85.	_____ PATIENT FACILITY - LEASE NIERIKA HOUSE 1967 SOLANO WAY CONCORD CA 94520	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.86.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS NIERIKA HOUSE 1959 SOLANO WAY AND 1967 SOLANO WAY CONCORD CA 94520	LESSEE	\$22,838.67	Net book Value	\$22,838.67
55.87.	_____ PATIENT FACILITY - LEASE ORCHARD LANE 9029 PEAR ORCHARD COURT ORANGEVALE CA 95662	LESSEE	UNDETERMINED	_____ UNDETERMINED	UNDETERMINED
55.88.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS ORCHARD LANE 9029 PEAR ORCHARD COURT ORANGEVALE CA 95662	LESSEE	\$60,669.88	Net book Value	\$60,669.88

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.89.	_____ PATIENT FACILITY - LEASE PABLO LANE 340 PABLO LANE NIPOMO CA 93444	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.90.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS PABLO LANE 340 PABLO LANE NIPOMO CA 93444	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.91.	_____ PATIENT FACILITY - LEASE PARKS LANE 3333 PARKS LANE CARMICHAEL CA 95608	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.92.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS PARKS LANE 3333 PARKS LANE CARMICHAEL CA 95608	LESSEE	\$14,369.83	Net book Value	\$14,369.83
55.93.	_____ PATIENT FACILITY - LEASE PHOENIX CENTER 1470 CIVIC CT #101 & 110 & 111 CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.94.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS PHOENIX CENTER 1470 CIVIC CT #101 & 110 & 111 CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.95.	_____ PATIENT FACILITY - LEASE PHOENIX ENTERPRISES 2355 WHITMAN RD. #F CONCORD CA 94518	LESSEE	UNDETERMINED	_____	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.96.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS PHOENIX ENTERPRISES 2355 WHITMAN RD. #F CONCORD CA 94518	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.97.	_____ PATIENT FACILITY - LEASE POWER CENTRAL 2047 ARNOLD INDUSTRIAL WAY SUITE A CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.98.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS POWER CENTRAL 2047 ARNOLD INDUSTRIAL WAY SUITE A CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.99.	_____ PATIENT FACILITY - LEASE PRISCILLA LANE 9555 PRISCILLA LANE STOCKTON CA 95212	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.100.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS PRISCILLA LANE 9555 PRISCILLA LANE STOCKTON CA 95212	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.101.	_____ PATIENT FACILITY - LEASE RANCHO ART 2150 SOUTH STATE ST HEMET CA 92509	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.102.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS RANCHO ART 2150 SOUTH STATE ST HEMET CA 92509	LESSEE	\$3,733.37	Net book Value	\$3,733.37

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.103. _____ PATIENT FACILITY - LEASE RANCHO DESERT 47915 OASIS ST. INDIO CA 92201	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.104. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS RANCHO DESERT 47915 OASIS ST. INDIO CA 92201	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.105. _____ PATIENT FACILITY - LEASE RANCHO WEST 3686 PACIFIC AVE RIVERSIDE CA 92509	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.106. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS RANCHO WEST 3686 PACIFIC AVE RIVERSIDE CA 92509	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.107. _____ PATIENT FACILITY - LEASE SANTA BARBARA CRT 65 S. SAN ANTONIO RD. SANTA BARBARA CA 93110	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.108. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS SANTA BARBARA CRT 65 S. SAN ANTONIO RD. SANTA BARBARA CA 93110	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.109. _____ PATIENT FACILITY - LEASE SANTA MARIA CRT 212 WEST CARMEN LN. SANTA MARIA CA 93453	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.110. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS SANTA MARIA CRT 212 WEST CARMEN LN. SANTA MARIA CA 93453	LESSEE	UNDETERMINED	_____	UNDETERMINED

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.111. _____ PATIENT FACILITY - LEASE SERENITY 17390 SERENE DRIVE MORGAN HILL CA 95037	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.112. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS SERENITY 17390 SERENE DRIVE MORGAN HILL CA 95037	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.113. _____ PATIENT FACILITY - LEASE SHASTA VIEW 1786 VINSON DRIVE REDDING CA 96003	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.114. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS SHASTA VIEW 1786 VINSON DRIVE REDDING CA 96003	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.115. _____ PATIENT FACILITY - LEASE SOCAL HEMET OFFICE 2190 SOUTH STREET HEMET CA 92543	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.116. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS SOCAL HEMET OFFICE 2190 SOUTH STREET HEMET CA 92543	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.117. _____ PATIENT FACILITY - LEASE SOCAL VENTURA OFFICE 701 EAST SANTA CLARA ST. SUITE 32 VENTURA CA 93001	LESSEE	UNDETERMINED	_____	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.118.	<p>PATIENT FACILITY - LEASEHOLD IMPROVEMENTS</p> <p>SOCAL VENTURA OFFICE 701 EAST SANTA CLARA ST. SUITE 32 VENTURA CA 93001</p>	LESSEE	UNDETERMINED		UNDETERMINED
55.119.	<p>PATIENT FACILITY - LEASE</p> <p>SOUTH HILLS 645 SOUTH INMAN ROAD WEST COVINA CA 91791</p>	LESSEE	UNDETERMINED		UNDETERMINED
55.120.	<p>PATIENT FACILITY - LEASEHOLD IMPROVEMENTS</p> <p>SOUTH HILLS 645 SOUTH INMAN ROAD WEST COVINA CA 91791</p>	LESSEE	UNDETERMINED		UNDETERMINED
55.121.	<p>PATIENT FACILITY - LEASE</p> <p>STAR VETS - 1 600 J STREET # 104 MARTINEZ CA 94533</p>	LESSEE	UNDETERMINED		UNDETERMINED
55.122.	<p>PATIENT FACILITY - LEASEHOLD IMPROVEMENTS</p> <p>STAR VETS - 1 600 J STREET # 104 MARTINEZ CA 94533</p>	LESSEE	UNDETERMINED		UNDETERMINED
55.123.	<p>PATIENT FACILITY - LEASE</p> <p>STAR VETS - 2 600 J-ST # 212 MARTINEZ CA 94533</p>	LESSEE	UNDETERMINED		UNDETERMINED
55.124.	<p>PATIENT FACILITY - LEASEHOLD IMPROVEMENTS</p> <p>STAR VETS - 2 600 J-ST # 212 MARTINEZ CA 94533</p>	LESSEE	UNDETERMINED		UNDETERMINED
55.125.	<p>PATIENT FACILITY - LEASE</p> <p>STAR VETS - 3 3895 VISTA OAKS #206 MARTINEZ CA 94533</p>	LESSEE	UNDETERMINED		UNDETERMINED

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.126. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STAR VETS - 3 3895 VISTA OAKS #206 MARTINEZ CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.127. _____ PATIENT FACILITY - LEASE STAR VETS -4 1851 HARRISON ST #9 CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.128. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STAR VETS -4 1851 HARRISON ST #9 CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.129. _____ PATIENT FACILITY - LEASE STAR VETS -5 255 COGGINS # F1 PLEASANT HILL CA 94523	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.130. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STAR VETS -5 255 COGGINS # F1 PLEASANT HILL CA 94523	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.131. _____ PATIENT FACILITY - LEASE STAR VETS -6 1070 SAN MIGUEL ROAD # D06 CONCORD CA 94518	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.132. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STAR VETS -6 1070 SAN MIGUEL ROAD # D06 CONCORD CA 94518	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.133. _____ PATIENT FACILITY - LEASE STAR VETS -7 255 COGGINS # F-8 PLEASANT HILL CA 94523	LESSEE	UNDETERMINED	_____	UNDETERMINED

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.134. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STAR VETS -7 255 COGGINS # F-8 PLEASANT HILL CA 94523	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.135. _____ PATIENT FACILITY - LEASE STAR VETS -8 255 COGGINS DR. #A6 PLEASANT HILL CA 94523	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.136. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STAR VETS -8 255 COGGINS DR. #A6 PLEASANT HILL CA 94523	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.137. _____ PATIENT FACILITY - LEASE STOP PLUS - 1 1025 HARDING DR. FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.138. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STOP PLUS - 1 1025 HARDING DR. FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.139. _____ PATIENT FACILITY - LEASE STOP PLUS - 2 925 JOHNSON ST. FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.140. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STOP PLUS - 2 925 JOHNSON ST. FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.141. _____ PATIENT FACILITY - LEASE STOP PLUS - 3 1931 BRISTOL AVE #1 FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.142. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STOP PLUS - 3 1931 BRISTOL AVE #1 FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.143. _____ PATIENT FACILITY - LEASE STOP PLUS - 4 1931 BRISTOL AVE #2 FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.144. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STOP PLUS - 4 1931 BRISTOL AVE #2 FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.145. _____ PATIENT FACILITY - LEASE STOP PLUS - 5 251 GEORGIA STREET (SPLIT) FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.146. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS STOP PLUS - 5 251 GEORGIA STREET (SPLIT) FAIRFIELD CA 94533	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.147. _____ PATIENT FACILITY - LEASE SYCAMORE 15160 SYCAMORE AVENUE SAN MARTIN CA 95046	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.148. _____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS SYCAMORE 15160 SYCAMORE AVENUE SAN MARTIN CA 95046	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.149. _____ PATIENT FACILITY - LEASE TAYLOR HOME 136 NORTH TAYLOR AVENUE MONTEBELLO CA 90640	LESSEE	UNDETERMINED	_____	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.150.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS TAYLOR HOME 136 NORTH TAYLOR AVENUE MONTEBELLO CA 90640	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.151.	_____ PATIENT FACILITY - LEASE TRANQUILITY 17343 SERENE DRIVE MORGAN HILL CA 95037	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.152.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS TRANQUILITY 17343 SERENE DRIVE MORGAN HILL CA 95037	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.153.	_____ PATIENT FACILITY - LEASE VENTURA CRT 650 HILLMONT AVE . VENTURA CA 93033	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.154.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS VENTURA CRT 650 HILLMONT AVE . VENTURA CA 93033	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.155.	_____ PATIENT FACILITY - LEASE VISTA POINT 1116 VISTA POINT LANE CONCORD CA 94520	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.156.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS VISTA POINT 1116 VISTA POINT LANE CONCORD CA 94520	LESSEE	\$87,379.85	Net book Value	\$87,379.85
55.157.	_____ PATIENT FACILITY - LEASE WEST POWER 1515 MARKET AVE. SAN PABLO CA 94806	LESSEE	UNDETERMINED	_____	UNDETERMINED

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.158.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS WEST POWER 1515 MARKET AVE. SAN PABLO CA 94806	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.159.	_____ PATIENT FACILITY - LEASE WESTON RANCH 2428 WARLOW LANE STOCKTON CA 95206	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.160.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS WESTON RANCH 2428 WARLOW LANE STOCKTON CA 95206	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.161.	_____ PATIENT FACILITY - LEASE WYOMING HOUSE 3318 WEST WYOMING AVENUE BURBANK CA 91505	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.162.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS WYOMING HOUSE 3318 WEST WYOMING AVENUE BURBANK CA 91505	LESSEE	\$75,999.75	Net book Value	\$75,999.75
55.163.	_____ PATIENT FACILITY - LEASE ZOOK 1014 ZOOK DRIVE GLENDALE CA 91202	LESSEE	UNDETERMINED	_____	UNDETERMINED
55.164.	_____ PATIENT FACILITY - LEASEHOLD IMPROVEMENTS ZOOK 1014 ZOOK DRIVE GLENDALE CA 91202	LESSEE	\$46,619.59	Net book Value	\$46,619.59
55.165.	_____ PATIENT FACILITY - LEASE FLORA 130 WEST FLORA STREET STOCKTON CA 95202	LESSEE	UNDETERMINED	_____	UNDETERMINED

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.166.	LESSEE	UNDETERMINED	UNDETERMINED
PATIENT FACILITY - LEASEHOLD IMPROVEMENTS FLORA 130 WEST FLORA STREET STOCKTON CA 95202			
55.167.	LESSEE	UNDETERMINED	UNDETERMINED
PATIENT FACILITY - LEASE CASA CARMICHAEL 6117 RUTLAND DR CARMICHAEL CA 95608			
55.168.	LESSEE	UNDETERMINED	UNDETERMINED
PATIENT FACILITY - LEASEHOLD IMPROVEMENTS CASA CARMICHAEL 6117 RUTLAND DR CARMICHAEL CA 95608			

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88.

\$1,047,134.70

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

60.1. \$ _____

61. Internet domain names and websites

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. ANKABHI.ORG	UNDETERMINED	_____	UNDETERMINED

62. Licenses, franchises, and royalties

62.1.	BUSINESS LICENSE # 00000025 FOR PROGRAM SOUTHERN CALIFORNIA REGIONAL OFFICE	UNDETERMINED	_____	UNDETERMINED
62.2.	BUSINESS LICENSE # 02336 FOR PROGRAM COMMUNITY ACTION PARTNERSHIP-RIVERSIDE CO.	UNDETERMINED	_____	UNDETERMINED
62.3.	BUSINESS LICENSE # 02336 FOR PROGRAM FSP LITE	UNDETERMINED	_____	UNDETERMINED
62.4.	BUSINESS LICENSE # 02336 FOR PROGRAM ISRC MID CO.	UNDETERMINED	_____	UNDETERMINED
62.5.	BUSINESS LICENSE # 029257 FOR PROGRAM CASA - OAK VIEW	UNDETERMINED	_____	UNDETERMINED
62.6.	BUSINESS LICENSE # 03028440 FOR PROGRAM ANKA SOUTH HILLS	UNDETERMINED	_____	UNDETERMINED
62.7.	BUSINESS LICENSE # 080855-1 FOR FACILITY VENTURA CRT	UNDETERMINED	_____	UNDETERMINED
62.8.	BUSINESS LICENSE # 080855-1 FOR PROGRAM VENTURA CRT (CRISIS RESDL) OPENED 8.29.11	UNDETERMINED	_____	UNDETERMINED
62.9.	BUSINESS LICENSE # 10037 FOR FACILITY CASA SAN JOAQUIN	UNDETERMINED	_____	UNDETERMINED
62.10.	BUSINESS LICENSE # 134860 FOR PROGRAM RCEB-HAYWARD HILLS (CRT) START-UP 07/2010	UNDETERMINED	_____	UNDETERMINED
62.11.	BUSINESS LICENSE # 15-00005117 FOR FACILITY HILLMONT HOUSE MHRC	UNDETERMINED	_____	UNDETERMINED
62.12.	BUSINESS LICENSE # 16-0005117 FOR PROGRAM HOPE AOD	UNDETERMINED	_____	UNDETERMINED
62.13.	BUSINESS LICENSE # 16-0005117 FOR PROGRAM HOPE CALWORKS	UNDETERMINED	_____	UNDETERMINED
62.14.	BUSINESS LICENSE # 16-0005117 FOR PROGRAM HOPE CWS	UNDETERMINED	_____	UNDETERMINED
62.15.	BUSINESS LICENSE # 16-0005117 FOR PROGRAM HOPE IOP	UNDETERMINED	_____	UNDETERMINED
62.16.	BUSINESS LICENSE # 16-0005117 FOR PROGRAM HOPE S MC	UNDETERMINED	_____	UNDETERMINED
62.17.	BUSINESS LICENSE # 16-0005117 FOR PROGRAM HOPE SCBH	UNDETERMINED	_____	UNDETERMINED
62.18.	BUSINESS LICENSE # 16-0005117 FOR PROGRAM HOPE-ADAPT	UNDETERMINED	_____	UNDETERMINED
62.19.	BUSINESS LICENSE # 16-0005117 FOR PROGRAM SOLANO AOD JAIL	UNDETERMINED	_____	UNDETERMINED
62.20.	BUSINESS LICENSE # 16-0005117 FOR PROGRAM STOP-PLUS, HOMELESS OUTREACH - OFFICE	UNDETERMINED	_____	UNDETERMINED
62.21.	BUSINESS LICENSE # 16-00097965 FOR PROGRAM GRANT HOUSE II/STOCKTON-CRISIS RES (15 BEDS)	UNDETERMINED	_____	UNDETERMINED
62.22.	BUSINESS LICENSE # 17-00121078 FOR PROGRAM ANKA WESTON RANCH	UNDETERMINED	_____	UNDETERMINED
62.23.	BUSINESS LICENSE # 17-00122268 FOR PROGRAM ANKA PRISCILLA LANE	UNDETERMINED	_____	UNDETERMINED
62.24.	BUSINESS LICENSE # 18-00122268 FOR FACILITY PRISCILLA LANE	UNDETERMINED	_____	UNDETERMINED
62.25.	BUSINESS LICENSE # 19-00121078 FOR FACILITY WESTON RANCH	UNDETERMINED	_____	UNDETERMINED
62.26.	BUSINESS LICENSE # 19200463 FOR FACILITY GLEN EDEN	UNDETERMINED	_____	UNDETERMINED
62.27.	BUSINESS LICENSE # 1943996 FOR FACILITY AKRON VETERANS	UNDETERMINED	_____	UNDETERMINED

62.28.	BUSINESS LICENSE # 1CR2018-000023 FOR FACILITY SERENITY PLACE	UNDETERMINED	_____	UNDETERMINED
62.29.	BUSINESS LICENSE # 222953 FOR FACILITY TAYLOR HOME	UNDETERMINED	_____	UNDETERMINED
62.30.	BUSINESS LICENSE # 222953 FOR PROGRAM TAYLOR HOME	UNDETERMINED	_____	UNDETERMINED
62.31.	BUSINESS LICENSE # 24 FOR FACILITY TRANQUILITY HOME	UNDETERMINED	_____	UNDETERMINED
62.32.	BUSINESS LICENSE # 3002150 FOR FACILITY DON BROWN SHELTER & MSC	UNDETERMINED	_____	UNDETERMINED
62.33.	BUSINESS LICENSE # 3002150 FOR PROGRAM EAST POWER, MEDI-CAL, DRUG ABUSE TREATMENT	UNDETERMINED	_____	UNDETERMINED
62.34.	BUSINESS LICENSE # 3017212 FOR PROGRAM DOR-OTHER BUSINESS INCOME	UNDETERMINED	_____	UNDETERMINED
62.35.	BUSINESS LICENSE # 3028440 FOR FACILITY SOUTH HILLS	UNDETERMINED	_____	UNDETERMINED
62.36.	BUSINESS LICENSE # 3790/10027853 FOR PROGRAM RCEB-DUAL DIAGNOSIS	UNDETERMINED	_____	UNDETERMINED
62.37.	BUSINESS LICENSE # 4002-5526 FOR FACILITY NEVIN HOUSE	UNDETERMINED	_____	UNDETERMINED
62.38.	BUSINESS LICENSE # 425827 FOR FACILITY FRESNO CSWP	UNDETERMINED	_____	UNDETERMINED
62.39.	BUSINESS LICENSE # 425827 FOR PROGRAM FRESNO PROBATION PROGRAM	UNDETERMINED	_____	UNDETERMINED
62.40.	BUSINESS LICENSE # 42832 FOR PROGRAM ADMINISTRATION	UNDETERMINED	_____	UNDETERMINED
62.41.	BUSINESS LICENSE # 42832 FOR PROGRAM ANKA REFERRAL CENTER	UNDETERMINED	_____	UNDETERMINED
62.42.	BUSINESS LICENSE # 43133 FOR PROGRAM 2480 A&B TAHOE CIRCLE, HEMET, CA 92543	UNDETERMINED	_____	UNDETERMINED
62.43.	BUSINESS LICENSE # 480023AN FOR FACILITY HOPE SOLANO	UNDETERMINED	_____	UNDETERMINED
62.44.	BUSINESS LICENSE # 480023AN FOR FACILITY POWER WEST COUNTY	UNDETERMINED	_____	UNDETERMINED
62.45.	BUSINESS LICENSE # 480023AN FOR FACILITY STARS VETS	UNDETERMINED	_____	UNDETERMINED
62.46.	BUSINESS LICENSE # 48319 FOR FACILITY CASA PHOENIX	UNDETERMINED	_____	UNDETERMINED
62.47.	BUSINESS LICENSE # 500021 FOR FACILITY AMADOR TRI-VALLEY CENTER	UNDETERMINED	_____	UNDETERMINED
62.48.	BUSINESS LICENSE # 500021 FOR PROGRAM RCEB - DAY PROGRAM (10-15 CLIENTS) -ATVC	UNDETERMINED	_____	UNDETERMINED
62.49.	BUSINESS LICENSE # 5006725 FOR FACILITY ARC (REFERAL CENTER)	UNDETERMINED	_____	UNDETERMINED
62.50.	BUSINESS LICENSE # 5008725 FOR FACILITY HOPE CONCORD (US PROBATION)	UNDETERMINED	_____	UNDETERMINED
62.51.	BUSINESS LICENSE # 5008725 FOR FACILITY PHOENIX CENTER	UNDETERMINED	_____	UNDETERMINED
62.52.	BUSINESS LICENSE # 5008725 FOR FACILITY PHOENIX CENTER	UNDETERMINED	_____	UNDETERMINED
62.53.	BUSINESS LICENSE # 5008725 FOR FACILITY US PROBATION	UNDETERMINED	_____	UNDETERMINED
62.54.	BUSINESS LICENSE # 5008725 FOR PROGRAM NORCAL REGIONAL OFFICE	UNDETERMINED	_____	UNDETERMINED
62.55.	BUSINESS LICENSE # 5008725 FOR PROGRAM POST DOCTORAL PSYCH-INTERN SERVICES STARTED 07/2010	UNDETERMINED	_____	UNDETERMINED

62.56.	BUSINESS LICENSE # 5008725 FOR PROGRAM STAR VETERANS TRANSITIONAL PROGRAMS - OFFICE	UNDETERMINED	_____	UNDETERMINED
62.57.	BUSINESS LICENSE # 5008725 FOR PROGRAM US PROBATION CONCORD	UNDETERMINED	_____	UNDETERMINED
62.58.	BUSINESS LICENSE # 5009687 FOR FACILITY PHOENIX ENTERPRISES	UNDETERMINED	_____	UNDETERMINED
62.59.	BUSINESS LICENSE # 5009687 FOR PROGRAM CALTRANS HOMELESS 04A3224	UNDETERMINED	_____	UNDETERMINED
62.60.	BUSINESS LICENSE # 5009687 FOR PROGRAM CALTRANS II (GROUND MAINTENANCE) 04A3036	UNDETERMINED	_____	UNDETERMINED
62.61.	BUSINESS LICENSE # 5009687 FOR PROGRAM LANDSCAPING & OTHERS (ALSO CITY OF ANTIOCH)	UNDETERMINED	_____	UNDETERMINED
62.62.	BUSINESS LICENSE # 5009687 FOR PROGRAM MARTINEZ LANDSCAPING	UNDETERMINED	_____	UNDETERMINED
62.63.	BUSINESS LICENSE # 5009687 FOR PROGRAM PHOENIX ENTERPRISES - VOCATIONAL SERVICES	UNDETERMINED	_____	UNDETERMINED
62.64.	BUSINESS LICENSE # 5019069 FOR FACILITY LINDERO	UNDETERMINED	_____	UNDETERMINED
62.65.	BUSINESS LICENSE # 5020999 FOR FACILITY VISTA	UNDETERMINED	_____	UNDETERMINED
62.66.	BUSINESS LICENSE # 5020999 FOR PROGRAM RCEB ARF	UNDETERMINED	_____	UNDETERMINED
62.67.	BUSINESS LICENSE # 5117 FOR FACILITY HOPE SOLANO	UNDETERMINED	_____	UNDETERMINED
62.68.	BUSINESS LICENSE # 5117 FOR FACILITY STARS VETS	UNDETERMINED	_____	UNDETERMINED
62.69.	BUSINESS LICENSE # 5117 FOR FACILITY STOP PLUS	UNDETERMINED	_____	UNDETERMINED
62.70.	BUSINESS LICENSE # 550003494 FOR FACILITY CASA OAKVIEW	UNDETERMINED	_____	UNDETERMINED
62.71.	BUSINESS LICENSE # 62398 FOR PROGRAM KAISER - CASA ROHNERT PARK 4/18/05	UNDETERMINED	_____	UNDETERMINED
62.72.	BUSINESS LICENSE # 7987 FOR PROGRAM HILLMONT HOUSE MHRS 2/16/05-MEDICAL	UNDETERMINED	_____	UNDETERMINED
62.73.	BUSINESS LICENSE # 80288 FOR PROGRAM ANKA SANTA BARBARA CRT	UNDETERMINED	_____	UNDETERMINED
62.74.	BUSINESS LICENSE # 88087407 FOR FACILITY CASA OAKVIEW	UNDETERMINED	_____	UNDETERMINED
62.75.	BUSINESS LICENSE # 88628 FOR FACILITY CASA FREMONT	UNDETERMINED	_____	UNDETERMINED
62.76.	BUSINESS LICENSE # 88628 FOR PROGRAM KAISER - CASA FREMONT	UNDETERMINED	_____	UNDETERMINED
62.77.	BUSINESS LICENSE # BL-106178 FOR FACILITY AMADOR HOME	UNDETERMINED	_____	UNDETERMINED
62.78.	BUSINESS LICENSE # BL-106178 FOR PROGRAM RCEB-AMADOR HOME- 4 BED FACILITY-3/2009	UNDETERMINED	_____	UNDETERMINED
62.79.	BUSINESS LICENSE # BL1745 FOR FACILITY GRANT HOUSE	UNDETERMINED	_____	UNDETERMINED
62.80.	BUSINESS LICENSE # BL-1745 FOR FACILITY POWER WEST COUNTY	UNDETERMINED	_____	UNDETERMINED
62.81.	BUSINESS LICENSE # BL1745 FOR PROGRAM WEST COUNTY	UNDETERMINED	_____	UNDETERMINED
62.82.	BUSINESS LICENSE # ICR2018-000023 FOR PROGRAM SERENITY PLACE	UNDETERMINED	_____	UNDETERMINED
62.83.	BUSINESS LICENSE # ICR2018-000024 FOR PROGRAM TRANQUILITY HOME	UNDETERMINED	_____	UNDETERMINED
62.84.	BUSINESS LICENSE # MHL090169 FOR FACILITY RANCHO ANKA/ART	UNDETERMINED	_____	UNDETERMINED

62.85.	BUSINESS LICENSE # MHBS010137 FOR FACILITY CASA PHOENIX	UNDETERMINED	_____	UNDETERMINED
62.86.	BUSINESS LICENSE # MHBS020140E FOR FACILITY GRANT HOUSE	UNDETERMINED	_____	UNDETERMINED
62.87.	BUSINESS LICENSE # MHBS040144 FOR FACILITY LODI	UNDETERMINED	_____	UNDETERMINED
62.88.	BUSINESS LICENSE # MHBS050149 FOR FACILITY CASA ROHNERT PARK	UNDETERMINED	_____	UNDETERMINED
62.89.	BUSINESS LICENSE # MHBS080164 FOR FACILITY RANCHO WEST	UNDETERMINED	_____	UNDETERMINED
62.90.	BUSINESS LICENSE # MHBS110176 FOR FACILITY VENTURA CRT	UNDETERMINED	_____	UNDETERMINED
62.91.	BUSINESS LICENSE # MHBS120195 FOR FACILITY SANTA MARIA	UNDETERMINED	_____	UNDETERMINED
62.92.	BUSINESS LICENSE # MHBS80186 FOR FACILITY SANTA BARBARA	UNDETERMINED	_____	UNDETERMINED
62.93.	BUSINESS LICENSE # MHBT910053 FOR FACILITY NEVIN HOUSE	UNDETERMINED	_____	UNDETERMINED
62.94.	BUSINESS LICENSE # MHBT910054 FOR FACILITY NIERIKA HOUSE	UNDETERMINED	_____	UNDETERMINED
62.95.	BUSINESS LICENSE # MHBT940105E FOR FACILITY BRIGHT HOUSE	UNDETERMINED	_____	UNDETERMINED
62.96.	BUSINESS LICENSE # MHS150197 FOR FACILITY CASA SAN JOAQUIN	UNDETERMINED	_____	UNDETERMINED

63. Customer lists, mailing lists, or other compilations

63.1.	LIST OF CURRENT AND FORMER PATIENTS	UNDETERMINED	_____	UNDETERMINED
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64. Other intangibles, or intellectual property

64.1.	_____	\$ _____	_____	\$ _____
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65. Goodwill

65.1.	_____	\$ _____	_____	\$ _____
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66. Total of part 10

Add lines 60 through 65. Copy the total to line 89.

UNDETERMINED

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes. Fill in the information below.**Current value of
debtor's interest****71. Notes receivable**

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____ = →	\$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. _____	\$ _____	\$ _____	_____	\$ _____

73. Interests in insurance policies or annuities

Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1. PHILADELPHIA INDEMNITY INSURANCE COMPANY	GENERAL COMMERCIAL LIABILITY, CRIME, PROFESSIONAL LIABILITY & AUTOMOBILE POLICY NO. PHPK1846009	_____	_____	_____	UNDETERMINED
73.2. PHILADELPHIA INDEMNITY INSURANCE COMPANY	UMBRELLA POLICY NO. PHUB637301	_____	_____	_____	UNDETERMINED
73.3. HISCOX INSURANCE COMPANY INC	CYBER LIABILITY INSURANCE POLICY NO. MPL183963518	_____	_____	_____	UNDETERMINED
73.4. AMERICAN BANKERS INSURANCE COMPANY OF FL	FLOOD COVERAGE INSURANCE POLICY NO. 74058280152019	_____	_____	_____	UNDETERMINED
73.5. AMERICAN BANKERS INSURANCE COMPANY OF FL	FLOOD COVERAGE INSURANCE POLICY NO. 75058280132019	_____	_____	_____	UNDETERMINED
73.6. AMERICAN BANKERS INSURANCE COMPANY OF FL	FLOOD COVERAGE INSURANCE POLICY NO. 74058280142019	_____	_____	_____	UNDETERMINED
73.7. PHILADELPHIA INDEMNITY INSURANCE COMPANY	EMPLOYED LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY NO. PHSD1361799	_____	_____	_____	UNDETERMINED

73.8.	RSUI INDEMNITY COMPANY	OFFICERS AND DIRECTORS LIABILITY INSURANCE POLICY NO. NHP673003	_____	_____	_____	UNDETERMINED
73.9.	RSUI INDEMNITY COMPANY	WORKERS COMPENSATION INSURANCE POLICY NO. NHP673003	_____	_____	_____	UNDETERMINED
73.10.	BERKSHIRE HATHAWAY HOMESTATE INS CO	WORKERS COMPENSATION INSURANCE POLICY NO. ANWC922507	_____	_____	_____	UNDETERMINED

74. Causes of action against third parties (whether or not a lawsuit has been filed)

	Nature of claim	Amount requested	Current value of debtor's interest
74.1.	_____	\$ _____	\$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	\$ _____	\$ _____

76. Trusts, equitable or future interests in property

76.1.	_____	\$ _____
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77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1.	50% INTEREST IN REAL PROPERTY LOCATED AT 2507 EVELYN AVENUE, ROSEMEAD, CA 91770 SUBJECT TO RIGHT OF FIRST REFUSAL TO PURCHASE REMAINING 50 % INTEREST.	UNDETERMINED
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78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

UNDETERMINED

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$704,508.95	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$381,707.78	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$5,502,995.69	
83. Investments. <i>Copy line 17, Part 4.</i>	UNDETERMINED	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	UNDETERMINED	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$353,558.28	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$1,047,134.70
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i> +	UNDETERMINED	
91. Total. Add lines 80 through 90 for each column.91a.	\$6,942,770.70	+ 91b. \$1,047,134.70
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$7,989,905.40

Fill in this information to identify the case:

Debtor name: ANKA Behavioral Health, Incorporated

United States Bankruptcy Court for the: Northern District of California

Case number (if known): 19-41025

☐ Check if this is an
amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A
Amount of
Claim**Do not deduct
the value of
collateral.**Column B
Value of
collateral that
supports this
claim****2.1. Creditor's name and address**BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104**Creditor's email address, if known**
_____**Date debt was incurred:** 12/27/2018**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

\$7,065,996.00

UNDETERMINED

Describe the lienUCC-1 ORIGINALLY RECORDED 12/27/2018
IN STATE OF CALIFORNIA AS DOCUMENT #
177624760919**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☒ Unliquidated☐ Disputed

2.2. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 5/25/2018

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 5/25/2018
IN STATE OF CALIFORNIA AS DOCUMENT #
187650646992

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.3. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 5/1/2018

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 5/1/2018 IN STATE OF CALIFORNIA AS DOCUMENT # 187646654906

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.4. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 4/30/2018

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 4/30/2018
IN STATE OF CALIFORNIA AS DOCUMENT #
187646532315

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.5. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 10/24/2017

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC. UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 10/24/2017 IN STATE OF CALIFORNIA AS DOCUMENT # 177612743210

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.6. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 10/24/2017

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 10/24/2017
STATE OF CALIFORNIA AS DOCUMENT #
177612743331

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.7. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 8/30/2017

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 8/30/2017
IN STATE OF CALIFORNIA AS DOCUMENT #
177603378931

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.8. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 8/30/2017

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 8/30/2017
IN STATE OF CALIFORNIA AS DOCUMENT #
177603380116

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.9. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 8/25/2016

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 8/25/2016
IN STATE OF CALIFORNIA AS DOCUMENT #
167543329707

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.10. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 2/1/2016

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 2/1/2016 IN STATE OF CALIFORNIA AS DOCUMENT # 167507574698

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.11. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 7/29/2015

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 7/29/2015
IN STATE OF CALIFORNIA AS DOCUMENT #
157477775656

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.12. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 4/2/2015

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 4/2/2015 IN STATE OF CALIFORNIA AS DOCUMENT # 157458199817

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.13. **Creditor's name and address**

BANK OF GUAM
SAN FRANCISCO BRANCH
404 MONTGOMERY ST
SAN FRANCISCO CA 94104

Creditor's email address, if known

Date debt was incurred: 4/2/2015

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES, CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RIGHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES, ETC.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 4/2/2015 IN STATE OF CALIFORNIA AS DOCUMENT # 157458200092

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.14. **Creditor's name and address**

CISCO SYSTEMS CAPITAL CORPORATION
1111 OLD SCHOOL ROAD
WAYNE PA 19087

Creditor's email address, if known

Date debt was incurred: 12/28/2016

Last 4 digits of account number: _____

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

THE COLLATERAL DESCRIBED IN SCHEDULE 'A' ATTACHED HERETO AND MADE A PART HEREOF, TOGETHER WITH ALL COMPONENTS, ADDITIONS, UPGRADES, ATTACHMENTS, ACCESSIONS, SUBSTITUTIONS, REPLACEMENTS AND PROCEEDS OF SUCH COLLATERAL. THIS FILING RELATES ONLY TO THE AFOREMENTIONED COLLATERAL, AND IS NOT INTENDED TO CREATE OR PERFECT A LIEN ON ALL OF THE DEBTOR'S ASSETS

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 12/28/2016 IN STATE OF CALIFORNIA AS DOCUMENT # 167563805819

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

2.15. **Creditor's name and address**

DELL FINANCIAL SERVICES L.L.C.
1850 GATEWAY BLVD
STE 900
CONCORD CA 94520

Creditor's email address, if known

Date debt was incurred: 6/16/2011

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL COMPUTER EQUIPMENT, PERIPHERALS, AND OTHER EQUIPMENT (COLLECTIVELY "EQUIPMENT") WHEREVER LOCATED, FINANCED UNDER AND DESCRIBED IN THE MASTER LEASE AGREEMENT ("MLA") BETWEEN LESSEE AND LESSOR AND ALL OF LESSEE'S RIGHTS, TITLE AND INTEREST IN AND TO USE ANY SOFTWARE AND SERVICES (COLLECTIVELY "SOFTWARE") FINANCED UNDER AND DESCRIBED IN THE MLA, ALONG WITH ANY MODIFICATIONS OR SUPPLEMENTS TO THE MLA WHICH ARE INCORPORATED OR EVIDENCED IN WRITING AND ALL SUBSTITUTIONS, ADDITIONS, ACCESSIONS, AND REPLACEMENTS TO THE EQUIPMENT OR SOFTWARE NOW OR HEREFTER INSTALLED IN, AFFIXED TO, OR USED IN CONJUNCTION WITH THE EQUIPMENT OR SOFTWARE AND THE PROCEEDS THEREOF TOGETHER WITH ALL PAYMENTS, INSURANCE PROCEEDS, CREDITS OR REFUNDS OBTAINED BY LESSEE FROM A MANUFACTURER, LICENSOR OR SERVICE PROVIDER. OR OTHER PROCEEDS AND PAYMENTS DUE AND TO BECOME DUE AND ARISING FROM OR RELATING TO SUCH EQUIPMENT. SOFTWARE OR THE MLA

\$225,944.91

UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 6/16/2011 IN STATE OF CALIFORNIA AS DOCUMENT # 117273467008 AND AS CONTINUED 5/20/2016 BY DOCUMENT # 1675266062

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

2.16. **Creditor's name and address**

GENERAL ELECTRIC CAPITAL
CORPORATION
PO BOX 35701
BILLINGS MT 59107-5701

Creditor's email address, if known

Date debt was incurred: 7/2/2014

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL EQUIPMENT, DESCRIBED HEREIN OR OTHERWISE, LEASED TO OR FINANCED FOR THE DEBTOR BY SECURED PARTY UNDER THAT CERTAIN EQUIPMENT LEASE AGREEMENT NO. 7786458-005 INCLUDING AIL ACCESSORIES, ACCESSIONS, REPLACEMENTS, ADDITIONS, SUBSTITUTIONS, ADD-ONS AND UPGRADES THERETO, AND ANY PROCEEDS THEREFROM.

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 ORIGINALLY RECORDED 7/2/2014 IN STATE OF CALIFORNIA AS DOCUMENT # 147418326783

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

2.17. Creditor's name and address

US BANCORP
1310 MADRID ST
MARSHALL MN 56258

Creditor's email address, if known

Date debt was incurred: 10/7/2009

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

1 RICOH MP C:6(I00 M79907C:0804COLOR: I UNDETERMINED UNDETERMINED
RICOH MP 60CJI V699570CJ328BW; 1
CONTENT CENTRAL ENTERPRISE EDITION
; 1 RICOH 11P C6000 NI7990700804BW

Describe the lien

UCC-1 ORIGINALLY RECORDED 10/7/2009
IN THE STATE OF CALIFORNIA AS
DOCUMENT # 97210625436 AND AS
CONTINUED 10/1/2014 BY DOCUMENT #
1474306419 AND AS AMENDED 10/1/2014
BY DOCUMENT # 1474306541

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$7,291,940.91**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	DELL FINANCIAL SERVICES MATEI STAMATE PAYMENT PROCESSING CNTR P.O. BOX 5292 CAROL STREAM IL 60197-5292	Line 2.15	_____
3.2.	DELL FINANCIAL SVC MATEI STAMATE PAYMENT PROCESSING CNTR PO BOX 5292 CAROL STREAM IL 60197-5292	Line 2.15	_____

3.3.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.1	_____
3.4.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.2	_____
3.5.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.3	_____
3.6.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.4	_____
3.7.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.5	_____
3.8.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.6	_____
3.9.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.7	_____
3.10.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.8	_____
3.11.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.9	_____
3.12.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.10	_____
3.13.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.11	_____
3.14.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.12	_____
3.15.	MACDONALD FERNANDEZ LLP IAIN A MACDONALD 221 SANSOME ST.,THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.13	_____
3.16.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.1	_____

3.17.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.2	_____
3.18.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.3	_____
3.19.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.4	_____
3.20.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.5	_____
3.21.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.6	_____
3.22.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.7	_____
3.23.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.8	_____
3.24.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.9	_____
3.25.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.10	_____
3.26.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.11	_____
3.27.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.12	_____
3.28.	MACDONALD FERNANDEZ LLP RENO F.R. FERNANDEZ III 221 SANSOME ST, THIRD FLOOR SAN FRANCISCO CA 94104	Line 2.13	_____

Fill in this information to identify the case:**Debtor name:** ANKA Behavioral Health, Incorporated**United States Bankruptcy Court for the:** Northern District of California**Case number (if known):** 19-41025☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1.	Priority creditor's name and mailing address CITY OF ANTIOCH UTILITY SVC BILLING PO BOX 5008 ANTIOCH CA 94531-5007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$719.84	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2.	Priority creditor's name and mailing address CITY OF CONCORD 1950 PARKSIDE DR CONCORD CA 94519	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$20.00	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

2.3.	Priority creditor's name and mailing address CITY OF CONCORD 1950 PARKSIDE DR CONCORD CA 94519 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$135.00</td></tr></table>	Total claim	\$135.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$135.00										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.4.	Priority creditor's name and mailing address CITY OF GLENDALE 141 N GLENDALE AVENUE LEVEL 2 GLENDALE CA 91206 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,674.46</td></tr></table>	Total claim	\$1,674.46	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$1,674.46										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.5.	Priority creditor's name and mailing address CITY OF LODI PO BOX 3006 LODI CA 95241-1910 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$2,687.77</td></tr></table>	Total claim	\$2,687.77	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$2,687.77										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

2.6.	Priority creditor's name and mailing address CITY OF MANTECA PO BOX 398637 SAN FRANCISCO CA 94139-8637 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$239.72</td></tr></table>	Total claim	\$239.72	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$239.72										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.7.	Priority creditor's name and mailing address CITY OF REDDING CUSTOMER SVC DIVISION PO BOX 496081 REDDING CA 96049-6081 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$209.99</td></tr></table>	Total claim	\$209.99	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$209.99										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.8.	Priority creditor's name and mailing address CITY OF RICHMOND FINANCE DEPT 450 CIVIC CTR PLZ RICHMOND CA 94804 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$558.00</td></tr></table>	Total claim	\$558.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$558.00										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

2.9.	Priority creditor's name and mailing address CITY OF STOCKTON REVENUE SVC DIVISION 425 N EL DORADO ST STOCKTON CA 95202 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th></tr><tr><td>\$6.92</td></tr></table>	Total claim	\$6.92	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$6.92										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.10.	Priority creditor's name and mailing address CITY OF STOCKTON REVENUE SVC DIVISION 425 N EL DORADO ST STOCKTON CA 95202 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th></tr><tr><td>\$347.89</td></tr></table>	Total claim	\$347.89	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$347.89										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.11.	Priority creditor's name and mailing address CITY OF STOCKTON REVENUE SVC DIVISION 425 N EL DORADO ST STOCKTON CA 95202 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Total claim</th></tr><tr><td>\$1,752.06</td></tr></table>	Total claim	\$1,752.06	<table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #cccccc;">Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$1,752.06										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

2.12. Priority creditor's name and mailing address CITY OF VALLEJO COMMERCIAL SVC DIVISION P O BOX 3068 VALLEJO CA 94590 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,265.81	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.13. Priority creditor's name and mailing address CONTRA COSTA COUNTY TAX COLLECTOR TAX COLLECTOR PO BOX 631 MARTINEZ CA 94553 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$5,078.65	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.14. Priority creditor's name and mailing address EMPLOYMENT DEVELOPMENT DEPT. PO BOX 989061 WEST SACRAMENTO CA 95798-9061 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$86,533.41	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.15.	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE DEPARTMENT OF THE TREASURY OGDEN UT 84201-0039 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$70,717.84	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.16.	Priority creditor's name and mailing address LOS ANGELES COUNTY TAX COLLECTOR PO BOX 54018 LOS ANGELES CA 90054-0018 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$4,716.69	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.17.	Priority creditor's name and mailing address LOS ANGELES COUNTY TAX COLLECTOR PO BOX 54027 LOS ANGELES CA 90054-0018 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$5,690.02	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.18. Priority creditor's name and mailing address RIVERSIDE COUNTY TREASURER PO BOX 12005 RIVERSIDE CA 92502-2205 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$18,818.74	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.19. Priority creditor's name and mailing address SACRAMENTO COUNTY TAX COLLECTOR'S OFFICE P O BOX 508 SACRAMENTO CA 95812-0508 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$3,524.81	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.20. Priority creditor's name and mailing address SAN JOAQUIN COUNTY TREASURER 44 N SAN JOAQUIN ST STE 150 STOCKTON CA 95201-2169 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$4,797.57	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.21.	Priority creditor's name and mailing address SANTA BARBARA COUNTY OFFICE OF COUNTY COUNSEL 105 E. ANAPAMU STREET SUITE 201 SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$14,458.00</td></tr></table>	Total claim	\$14,458.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$14,458.00										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.22.	Priority creditor's name and mailing address VILLAGE OF AKRON 4380 BEACH ST PO BOX 295 AKRON MI 48701-0295 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$54.88</td></tr></table>	Total claim	\$54.88	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$54.88										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1.	Nonpriority creditor's name and mailing address 1470 CIVIC LLC NEWMARK GRUBB KNIGHT FRANK 2000 CROW CANYON PL SAN RAMON CA 94583 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$17,522.28
3.2.	Nonpriority creditor's name and mailing address 3 ALARM FIRE & SAFETY 7560 KEMPSTER CT FONTANA CA 92336 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$170.00
3.3.	Nonpriority creditor's name and mailing address 501 (C) AGENCIES TRUST CANDY ANAYA 400 RACE ST # 200 SAN JOSE CA 95126 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$92,582.16

3.4.	Nonpriority creditor's name and mailing address AAA BUSINESS SUPPLIES & INTERIORS 325 MENDELL ST SAN FRANCISCO CA 94124-1710 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,150.38
3.5.	Nonpriority creditor's name and mailing address AAA FIRE PROTECTION SERVICES PO BOX 3626 HAYWARD CA 94540 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$0.01
3.6.	Nonpriority creditor's name and mailing address AB GARDENING SERVICES 1914 WHITECLIFF CT WALNUT CREEK CA 94596 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,380.00

3.7.	Nonpriority creditor's name and mailing address ABDUL AZIZ, LYDIA 664 VENTURA AVE RICHMOND CA 94805 Date or dates debt was incurred 11/5/2013 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.8.	Nonpriority creditor's name and mailing address ACCESS INFORMATION PROTECTED PO BOX 398306 SAN FRANCISCO CA 94139-8306 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$212.61
3.9.	Nonpriority creditor's name and mailing address ACQUITEMPS PO BOX 743295 LOS ANGELES CA 90074-3295 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,554.42

3.10.	Nonpriority creditor's name and mailing address ACCOUNTING ON COMPUTERS PO BOX 5272 SANTA ROSA CA 95402-5272 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$200.00
3.11.	Nonpriority creditor's name and mailing address ACTION PLUMBING&HEATING MAINTENANCE 55 MOUNTAIN VIEW AVE SANTA ROSA CA 95407 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$429.00
3.12.	Nonpriority creditor's name and mailing address ADT SECURITY SERVICES, INC. P O BOX 371878 PITTSBURGH PA 15250-7878 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$962.08

3.13.	Nonpriority creditor's name and mailing address AFLAC REMITTANCE PROCESSING 1932 WYNNNTON RD COLUMBUS GA 31999-0797 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,247.94
3.14.	Nonpriority creditor's name and mailing address ALAMEDA COUNTY WATER DISTRICT 43885 S GRIMMER BLVD FREMONT CA 94538 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$259.34
3.15.	Nonpriority creditor's name and mailing address ALBERTO SARAVIA 56 LOU ANN PL PITTSBURG CA 94565 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$375.00

3.16.	Nonpriority creditor's name and mailing address ALHAMBRA & SIERRA SPRINGS DS WATERS OF AMERICA LP P O BOX 660579 DALLAS TX 75266-0579 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$205.82
3.17.	Nonpriority creditor's name and mailing address AL'S REMODELING & CONSTRUCTION DBA AL'S REMODELING AND CONSTRUCTION P O BOX 4036 MANTECA CA 95337 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,107.00
3.18.	Nonpriority creditor's name and mailing address ALTA REGIONAL CENTER 2241 HARVARD ST STE 100 SACRAMENTO CA 95815 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100.00

3.19.	Nonpriority creditor's name and mailing address ALVIN MONTGOMERY 3258 RINGLE RD AKRON MI 48701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$35.00
3.20.	Nonpriority creditor's name and mailing address AMA CONSTRUCTION & REAL ESTATE LLC 701 E SANTA CLARA ST VENTURA CA 93001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,190.00
3.21.	Nonpriority creditor's name and mailing address AMADOR VALLEY INDUSTRIES P O BOX 1360 SUISUN CITY CA 94585-4360 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$131.04

3.22.	Nonpriority creditor's name and mailing address AMERICAN DOCUMENT SECURITIES, INC 565 COLUMBIA DR CARROLLTON GA 30117 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$120.00
3.23.	Nonpriority creditor's name and mailing address AMERIGAS PO BOX 7155 PASAENA CA 91109-7155 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,037.75
3.24.	Nonpriority creditor's name and mailing address AMERIPRINTS LIVE SCAN FINGERPRINT SRVS 5685 REDWOOD DR STE 101 ROHNERT PARK CA 94928 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$551.00

3.25.	Nonpriority creditor's name and mailing address AMIE AGUILAR 560 KIT AVE HEMET CA 92543 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$270.07
3.26.	Nonpriority creditor's name and mailing address AMY SCEARCY 101 ALTURAS AVE APT B PITTSBURG CA 94565 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION - CASE # MSC18-00135 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.27.	Nonpriority creditor's name and mailing address AMY SCEARCY 101 ALTURAS AVE APT B PITTSBURG CA 94565 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION - CASE # MSC18-01436 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.28.	Nonpriority creditor's name and mailing address ANDREA R. BATES, MD MBA, INC 316 CALIFORNIA AVE 107 RENO NV 89509 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,000.00
3.29.	Nonpriority creditor's name and mailing address ANDRES GARCIA DBA ANDY HANDYMAN SVC 17 BONNIE PL PLEASANT HILL CA 94523 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$360.00
3.30.	Nonpriority creditor's name and mailing address ANKA MHSA HOLDING COMPANY, LLC 3480 BUSKIRK AVE STE 300 PLEASANT HILL CA 94523 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GUARANTEE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.31. Nonpriority creditor's name and mailing address ANKA MHSA HOLDING COMPANY, LLC 3480 BUSKIRK AVE STE 300 PLEASANT HILL CA 94523 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,932,301.92
3.32. Nonpriority creditor's name and mailing address ANTERRIUS WILLIAMS PO BOX 3868 HEMET CA 92546 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100.00
3.33. Nonpriority creditor's name and mailing address AP&H, INC. 3480 BUSKIRK AVE STE 300 PLEASANT HILL CA 94523 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GUARANTEE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.34.	Nonpriority creditor's name and mailing address AP&H, INC. 3480 BUSKIRK AVE STE 300 PLEASANT HILL CA 94523 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$52,487.11
3.35.	Nonpriority creditor's name and mailing address APARICIO, GENEVIE 1071 SUNNYSLOPE RD APT C HOLLISTER CA 95023 Date or dates debt was incurred 2/17/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.36.	Nonpriority creditor's name and mailing address APEX HEALTHCARE MEDICAL CENTER ACCESS 1525 W FLORIDA AVE STE D HEMET CA 92543 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$535.00

3.37. Nonpriority creditor's name and mailing address APPLIED BEHAVIORAL ALTERNATIVES, INC. 2001 ELKINS PL ARCADIA CA 91006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$33,677.50
Date or dates debt was incurred VARIOUS	Basis for the claim: DOCTORS	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38. Nonpriority creditor's name and mailing address AQUA CHILL OF SAN FRANCISCO, INC. 77 SOLANO SQUARE STE 126 BENICIA CA 94510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$431.40
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39. Nonpriority creditor's name and mailing address ARISA WONGJODSRI 1744 TRUMPET DRIVE REDDING CA 96003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,890.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.40.	Nonpriority creditor's name and mailing address ARMANINO LLP 220 JUANNA AVE SAN LEANDRO CA 94577-4884 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$41,164.79
3.41.	Nonpriority creditor's name and mailing address ARMOR FIRE EXTINGUISHER CO. 1321 WEST OAK ST STOCKTON CA 95203 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$71.00
3.42.	Nonpriority creditor's name and mailing address ASSOCIATED SERVICES COMPANY 1040 SHARY CT CONCORD CA 94518 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,478.34

3.43.	Nonpriority creditor's name and mailing address AT&T CORPORATION PO BOX 105306 ATLANTA GA 30348-5306 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,540.63
3.44.	Nonpriority creditor's name and mailing address ATHENS SERVICES P.O. BOX 60009 CITY OF INDUSTRY CA 91716-0009 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$251.85
3.45.	Nonpriority creditor's name and mailing address AUSTIN DRUGS 6970 ARAGON CIR #3 BUENA PARK CA 90620 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$683.77

3.46.	Nonpriority creditor's name and mailing address B & B APPLIANCE PO BOX 1376 HEMET CA 92546 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$52.00
3.47.	Nonpriority creditor's name and mailing address BACA PROPERTIES DBA BACA PROPERTIES P O BOX 392 LIVERMORE CA 94551 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,920.00
3.48.	Nonpriority creditor's name and mailing address BACON EAST PHARMACY 2425 EAST ST CONCORD CA 94520 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,423.62

3.49.	Nonpriority creditor's name and mailing address BACON HOUSE, INC. 10 TIANA TER LAFAYETTE CA 94549 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,634.17
3.50.	Nonpriority creditor's name and mailing address BAEZA, SERGIO 3635 GRAY ST SAN BERNARDINO CA 92407 Date or dates debt was incurred 2/22/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.51.	Nonpriority creditor's name and mailing address BAKER COMMODITIES, INC 4020 BANDINI BLVD VERNON CA 90058 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$250.00

3.52.	Nonpriority creditor's name and mailing address BARNEY JORDAN PLUMBING, INC PO BOX 55327 STOCKTON CA 95205 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$462.50
3.53.	Nonpriority creditor's name and mailing address BARRAGAN, CYNTHIA 919 COTTON TAIL AVE SAN JOSE CA 95116 Date or dates debt was incurred 5/13/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.54.	Nonpriority creditor's name and mailing address BARTON & ASSOCIATES, INC. P.O. BOX 417844 BOSTON MA 02241-7844 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,157.82

3.55.	Nonpriority creditor's name and mailing address BAY ALARM COMPANY P O BOX 7137 SAN FRANCISCO CA 94120-7137 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,250.97
3.56.	Nonpriority creditor's name and mailing address BAY AREA HOUSING CORP. 101 CHURCH ST STE 4 LOS GATOS CA 95030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$54,337.75
3.57.	Nonpriority creditor's name and mailing address BAY POOL CHLOR, INC. 291 RICKENBACKER CIR LIVEMORE CA 94551-7216 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$446.00

3.58.	Nonpriority creditor's name and mailing address BBVA COMPAS BANK ELI NOALN / MARIANNE SASSO P.O. BOX 830139 BIRMINGHAM AL 35283-0139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$746,856.53
3.59.	Nonpriority creditor's name and mailing address BECK FIRE PROTECTION P.O. BOX 496 CLIO MI 48420 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,315.00
3.60.	Nonpriority creditor's name and mailing address BEHAVIOR ANALYSIS AND INTERVENTION SERVI 1547 PALOS VERDES MALL P.M.B.210 WALNUT CREEK CA 94597-2228 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,075.00

3.61.	Nonpriority creditor's name and mailing address BELOIT, CAROL 14340 MESA CT RED BLUFF CA 96080 Date or dates debt was incurred 2/13/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.62.	Nonpriority creditor's name and mailing address BERKSHIRE HATHAWAY HOMESTATE COMPANIES DEPT 6693 LOS ANGELES CA 90084-6693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$231,207.91
3.63.	Nonpriority creditor's name and mailing address BERT ENRIQUEZ DBA WEST COVINA LIVE SCAN 666 S SUNSET AVE WEST COVINA CA 91790 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$560.00

3.64.	Nonpriority creditor's name and mailing address BERTELSMANN LEARNING, LLC DBA RELIAS LEARNING LLC MEDIA LLC PO BOX 74008620 CHICAGO, IL 60674-8620 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,394.40
3.65.	Nonpriority creditor's name and mailing address BLIGH, TINA 1600 E. VISTA WAY SP 32 VISTA CA 92084 Date or dates debt was incurred 1/19/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.66.	Nonpriority creditor's name and mailing address BLIGH, TINA 1600 E. VISTA WAY SP 32 VISTA CA 92084 Date or dates debt was incurred 1/7/2016 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.67.	Nonpriority creditor's name and mailing address BLIGH, TINA 1600 E. VISTA WAY SP 32 VISTA CA 92084 Date or dates debt was incurred 6/25/2015 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.68.	Nonpriority creditor's name and mailing address BLIGH, TINA L. 1600 E. VISTA WAY SP 32 VISTA CA 92084 Date or dates debt was incurred 2/24/2016 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.69.	Nonpriority creditor's name and mailing address BLIGH, TINA LYNNE 1600 E. VISTA WAY SP 32 VISTA CA 92084 Date or dates debt was incurred 7/5/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.70.	Nonpriority creditor's name and mailing address BRAD HAMBY DBA PERFORMANCE PUMPING 45654 E FLORDIA AVE HEMET CA 92544 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,225.00
3.71.	Nonpriority creditor's name and mailing address BRIAN DRISCOLL 6908 SIERRA CT STE A DUBLIN CA 94568 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,350.00
3.72.	Nonpriority creditor's name and mailing address BRILLIANT CORNERS 1390 MARKET ST STE 405 SAN FRANCISCO CA 94102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$31,248.00

3.73.	Nonpriority creditor's name and mailing address BRILLIANT CORNERS 1390 MARKET ST STE 405 SAN FRANCISCO CA 94102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,263.00
3.74.	Nonpriority creditor's name and mailing address BRILLIANT CORNERS 1390 MARKET ST STE 405 SAN FRANCISCO CA 94102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,000.00
3.75.	Nonpriority creditor's name and mailing address BURBANK WATER AND POWER PO BOX 631 BURBANK CA 91503 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,295.00

3.76.	Nonpriority creditor's name and mailing address BUTCH YOUNG FIRE AND SAFETY EQUIPMENT 1101 W FREMONT STOCKTON CA 95203 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$191.95
3.77.	Nonpriority creditor's name and mailing address CALIFORNIA CHAMBER OF COMMERCE 3255 RAMOS CIR SACRAMENTO CA 95827 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$469.00
3.78.	Nonpriority creditor's name and mailing address CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 1615 CAPITOL AVE STE 73. 560 SACRAMENTO CA 95814 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,864.00

3.79.	Nonpriority creditor's name and mailing address CALIFORNIA HOUSING FOUNDATION STEVE VON RAJCS 1200 CALIFORNIA ST # 104 REDLANDS CA 92374 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,053.37
3.80.	Nonpriority creditor's name and mailing address CALLTOWER, INC. DEPT LA 23615 PASADENA CA 91185 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$207,724.03
3.81.	Nonpriority creditor's name and mailing address CANON FINANCIAL SERVICES, INC. 14904 COLLECTIONS CTR DR CHICAGO IL 60693-0149 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,365.14

3.82.	Nonpriority creditor's name and mailing address CAPGROW HOLDINGS JS SUB III 320 WEST OHIO ST STE 650 N CHICAGO IL 60654 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,709.88
3.83.	Nonpriority creditor's name and mailing address CAPGROW HOLDINGS JV SUB II LLC 320 W OHIO ST STE 650N CHICAGO IL 60654 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PARTNER Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$24,863.89
3.84.	Nonpriority creditor's name and mailing address CAREY MARTIN 1112 LANDING LANE MILBRAE CA 94030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DOCTORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,465.00

3.85.	Nonpriority creditor's name and mailing address CARMELITA PINEDA DBA ROSEWOOD MANOR 9921 KAPALUA LN ELK GROVE CA 95624 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,500.00
3.86.	Nonpriority creditor's name and mailing address CARMICHAEL WATER DISTRICT PO BOX CARMICHAEL CA 95609-1001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$312.96
3.87.	Nonpriority creditor's name and mailing address CBRE, INC PO BOX 740935 LOCATION CODE 2034 LOS ANGELES CA 90074-0935 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,941.60

3.88.	Nonpriority creditor's name and mailing address CECE, ANGELICA PO BOX 38 MORGAN HILL CA 95038 Date or dates debt was incurred 5/5/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.89.	Nonpriority creditor's name and mailing address CENTER FOR ELDERS INDEPENDENCE 510 17TH STREET OAKLAND CA 94612 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,700.00
3.90.	Nonpriority creditor's name and mailing address CESAR CRUZ DBA SGV GARDNER 2228 WEST WALNUT CREEK PKWY WEST COVINA CA 91790 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$246.00

3.91.	Nonpriority creditor's name and mailing address CHAMBLISS, WAYNE E PO BOX 5316 OAKLAND CA 94605 Date or dates debt was incurred 9/16/2014 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.92.	Nonpriority creditor's name and mailing address CHANGE HEALTHCARE PO BOX 572490 MURRAY UT 84157-2490 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,375.92
3.93.	Nonpriority creditor's name and mailing address CHARLES FRANK KAIRYS DBA INTEGRATED MINDS 3625 E THOUSAND OAKS BLVD WESTLAKE VILLAGE CA 91362 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,990.00

3.94.	Nonpriority creditor's name and mailing address CHARTER COMMUNICATIONS PO BOX 60229 LOS ANGELES CA 90060-0229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,142.26
3.95.	Nonpriority creditor's name and mailing address CHRISTIAN SERRANO 25156 YUCCA DR MORENO VALLEY CA 92553 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,450.00
3.96.	Nonpriority creditor's name and mailing address CHRISTIAN, NELLY 1150 S PALM AVE 505 HEMET CA 92543 Date or dates debt was incurred 10/23/2017 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.97.	Nonpriority creditor's name and mailing address CINTAS FIRE PROTECTION ATTN: AR 48400 FREMONT BLVD FREMONT CA 94538 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$357.73
3.98.	Nonpriority creditor's name and mailing address CISCO SYSTEMS CAPITAL CRP PO BOX 41602 PHILADELPHIA PA 19101-1602 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$19,815.31
3.99.	Nonpriority creditor's name and mailing address CIT BANK, N.A. PO BOX 100706 PASADENA CA 91189-0706 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,594.25

3.100.	Nonpriority creditor's name and mailing address CITY OF BURBANK FIRE DEPARTMENT 311 E ORANGE GROVE AVE BURBANK CA 91502 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$51.00
3.101.	Nonpriority creditor's name and mailing address CITY OF MORGAN HILL UTILITY BILLING DIVISION 17575 PEAK AVE MORGAN HILL CA 95037-4128 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$325.37
3.102.	Nonpriority creditor's name and mailing address CITY OF PITTSBURG UTILITY BILLING DEPT P O BOX 4988 WHITTIER CA 90607 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$122.84

3.103. Nonpriority creditor's name and mailing address CITY OF POMONA REVENUE DIVISION-UTILITY BILLING PO BOX 51481 POMONA CA 91761-0081 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$253.03
3.104. Nonpriority creditor's name and mailing address CITY OF RICHMOND-PARKING CITATIONS CITATION COLLECTION SVC PO BOX 612320 SAN JOSE CA 95161-2320 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$50.00
3.105. Nonpriority creditor's name and mailing address CITY OF ROHNERT PARK UTILITY DEPT 130 AVRAM AVE ROHNERT PARK CA 94928 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$891.86

3.106.	Nonpriority creditor's name and mailing address CLARK PEST CONTROL, INC. ACCOUNTING OFFICE PO BOX 1480 LODI CA 95241-1480 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,779.86
3.107.	Nonpriority creditor's name and mailing address CLARK, YONIQUE 2276 SEGUNDO COURT APT 3 PLEASANTON CA 94588 Date or dates debt was incurred 4/17/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.108.	Nonpriority creditor's name and mailing address COLLINS COLLINS MUIR & STEWART LLP RYAN J. KOHLER, ESQ. 1100 EL CENTRO ST SOUTH PASADENA CA 91030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$93,994.24

3.109.	Nonpriority creditor's name and mailing address COMCAST CABLE P O BOX 34744 SEATTLE WA 98124-1744 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,847.06
3.110.	Nonpriority creditor's name and mailing address CONCORD CHAMBER OF COMMERCE 2151 SALVIO ST STE B CONCORD CA 94520 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$290.00
3.111.	Nonpriority creditor's name and mailing address CONCORD GARDEN EQUIPMENT 2451 MONUMENT BLVD CONCORD CA 94520 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,008.59

3.112. Nonpriority creditor's name and mailing address CONCORD LOCKSMITH CONCORD LOCKSMITH CONCORD CA 94520	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$33.17
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.113. Nonpriority creditor's name and mailing address CONCORD YELLOW CAB, INC. 100 WILLOW ST PACHECO CA 94553	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,993.15
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114. Nonpriority creditor's name and mailing address CONFERENCING ADVISORS, INC 34175 CAMINO CAPISTRANO # 103 CAPISTRANO BEACH CA 92624	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$38,458.88
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.115. Nonpriority creditor's name and mailing address CONTRA COSTA COUNTY FIRE PROTECTION 2010 GEARY RD PLEASANT HILL CA 94523 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$638.00
3.116. Nonpriority creditor's name and mailing address CONTRA COSTA COUNTY FIRE PROTECTION DIST 2010 GEARY RD PLEASANT HILL CA 94523 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,396.00
3.117. Nonpriority creditor's name and mailing address CONTRA COSTA COUNTY PUBLIC WORKS 1220 MORELLO AVE STE 100 MARTINEZ CA 94553-4711 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEASE-1ST Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,500.00

3.118. Nonpriority creditor's name and mailing address CONTRA COSTA FIRE EQUIPMENT POBOX 571 CONCORD CA 94522-0571	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$387.74
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.119. Nonpriority creditor's name and mailing address CONTRA COSTA WATER DISTRICT 1331 CONCORD AVE CONCORD CA 94524	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,256.41
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.120. Nonpriority creditor's name and mailing address CORODATA RECORDS MANAGEMENT, INC PO BOX 842638 LOS ANGELES CA 90084-2638	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$4,258.64
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.121. Nonpriority creditor's name and mailing address CORT FURNITURE RENTAL ATTN: AR P.O. BOX 17401 BALTIMORE MARYLAND MD	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$246.36
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.122. Nonpriority creditor's name and mailing address CREATIVE OUTDOOR ENVIRONMENTS, INC. 15929 S MANTHEY RD LATHROP CA 95330	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,585.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.123. Nonpriority creditor's name and mailing address CREDIBLE BEHAVIORAL HEALTH, INC. PO BOX 34456 WEST BETHESDA MD 20817	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$13,116.55
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.124.	Nonpriority creditor's name and mailing address CRH CALIFORNIA WATER, INC. PO BOX 2903 WICHITA KS 67201-2903 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,324.60
3.125.	Nonpriority creditor's name and mailing address CULLIGAN WATER 700 WEST COOK ST SANTA MARIA CA 93458 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$461.96
3.126.	Nonpriority creditor's name and mailing address D. A. PARRISH & SON, INC. P O BOX 8580 STOCKTON CA 95208 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$450.00

3.127. Nonpriority creditor's name and mailing address DAMERON MEDICAL GROUP, INC PO BOX 13222 BELFAST ME 04915-4023 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,960.00
3.128. Nonpriority creditor's name and mailing address DAY & NITE PEST CONTROL ACCOUNTING OFFICE 26291 PRODUCTION AVE STE 5 HAYWARD CA 94545 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$480.00
3.129. Nonpriority creditor's name and mailing address DC ELECTRONICS 1772 CONTAINER CIR RIVERSIDE CA 92509 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$487.63

3.130. Nonpriority creditor's name and mailing address DE LA OSSA, LORENA 23 GREEN MEADOW DRIVE NEWBURY PARK CA 91320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNDETERMINED
Date or dates debt was incurred 11/21/2014	Basis for the claim: WORKERS COMPENSATION CLAIM	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131. Nonpriority creditor's name and mailing address DE LAGE LANDEN FINANCIAL SERVICES, INC PO BOX 41602 PHILADELPHIA PA 19101-1602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,037.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.132. Nonpriority creditor's name and mailing address DEBBIE ALLEN 3950 BLUFF ST PERRIS CA 92571	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNDETERMINED
Date or dates debt was incurred _____	Basis for the claim: PENDING LITIGATION - CASE # BC673769	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.133.	Nonpriority creditor's name and mailing address DELGADO, FLOR MARIA 6968 SEDONA DR RIVERSIDE CA 92509 Date or dates debt was incurred 2/11/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.134.	Nonpriority creditor's name and mailing address DELTA LIQUID ENERGY PO BOX 523 SANTA MARIA CA 93456 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$393.23
3.135.	Nonpriority creditor's name and mailing address DELTA REALTY GROUP 1299 OLIVER RD FAIRFIELD CA 94534 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,062.00

3.136.	Nonpriority creditor's name and mailing address DELUXE BUSINESS CHECKS AND SOLUTIONS PO BOX 742572 CINCINNATI OH 45274-2572 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,211.99
3.137.	Nonpriority creditor's name and mailing address DEMETRIUS EVANS CASSANDRA RINGOLD GRAHM 1330 ARNOLD DR MARTINEZ CA 94553 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$722.89
3.138.	Nonpriority creditor's name and mailing address DEPARTMENT OF MOTOR VEHICLES 4700 BROADWAY SACRAMENTO CA 95820 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5.00

3.139. Nonpriority creditor's name and mailing address DEPARTMENT OF SOCIAL SERVICES 744 P ST M S 1947 SACRAMENTO CA 95814	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,446.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.140. Nonpriority creditor's name and mailing address DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIV PO BOX 944243 - MS 9-3-67 SACRAMENTO CA 94244-2430	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$100.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.141. Nonpriority creditor's name and mailing address DES ROCHES CONSTRUCTION 1106 REGGIO PL PAMONA CA 91766	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,981.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.142. Nonpriority creditor's name and mailing address DEWEY PEST CONTROL 2490 ARNOLD INDUSTRIAL WAY STE J CONCORD CA 94553-5103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$220.00
3.143. Nonpriority creditor's name and mailing address DIGITAL WEST NETWORKS, INC. PO BOX 15458 SAN LUIS OBISPO CA 93406-5458 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,930.25
3.144. Nonpriority creditor's name and mailing address DIRECTV P O BOX 60036 LOS ANGELES CA 90060-0036 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$149.98

3.145. Nonpriority creditor's name and mailing address DISCOUNT PLUMBING 787 N COTTAGE AVE MANTECA CA 95336 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,691.00
3.146. Nonpriority creditor's name and mailing address DIXON, CARLON 33653 PONDEROSA WAY PAYNES CREEK CA 96075 Date or dates debt was incurred 10/10/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.147. Nonpriority creditor's name and mailing address DS BIOVIA CORP 175 WYMAN ST WALTHAM MA 02451 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$40,173.99

3.148. Nonpriority creditor's name and mailing address DTE ENERGY PO BOX 740786 CINCINNATI OH 45274-0786 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,991.65
3.149. Nonpriority creditor's name and mailing address DUBLIN SAN RAMON SERVICES DISTRICT P O BOX CC DUBLIN CA 94568-0281 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$232.98
3.150. Nonpriority creditor's name and mailing address DWIGHT STENSON 1747 E DEVONSHIRE AVE UNIT E HEMET CA 92544-8647 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: DEMAND LETTER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.151.	Nonpriority creditor's name and mailing address EAST BAY MUNICIPAL UTIL. DIST. PAYMENT CTR OAKLAND CA 94649-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,318.39
3.152.	Nonpriority creditor's name and mailing address EASTERN MUNICIPAL WATER DISTRICT P O BOX 8301 PERRIS CA 92572-8301 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$154.04
3.153.	Nonpriority creditor's name and mailing address EBERT ENTERPRISES, INC. 420 BEATRICE CT STE E BRENTWOOD CA 94513 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,032.50

3.154. Nonpriority creditor's name and mailing address ECOLAB PEST ELIM DIV. 26252 NETWORK PLACE CHICAGO IL 60673-1262	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,460.20
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.155. Nonpriority creditor's name and mailing address EMBY'S LLC DBA SERVPRO OF ANTIOCH 2101 W 10TH ST ANTIOCH CA 94509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,220.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.156. Nonpriority creditor's name and mailing address EMMIT BERG, DO & HOLVEY MEDICAL GROUP, I DBA HEALTHLINE MEDICAL GROUP 15211 VANOWEN ST VAN NUYS CA 91405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$690.00
Date or dates debt was incurred VARIOUS	Basis for the claim: DOCTORS	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.157. Nonpriority creditor's name and mailing address ENRIQUE POZOS DBA POZOS PLUMBING 1312 W EL MONTE AVE STOCKTON CA 95207 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$80.00
3.158. Nonpriority creditor's name and mailing address ENTERPRISE FLEET SERVICES MICHAEL KERBEY CUSTOMER BILLING P O BOX 800089 KANSAS CITY MO 64180-0089 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$101,940.06
3.159. Nonpriority creditor's name and mailing address ERIC ERICKSON 39 ADELIN DR WALNUT CREEK CA 94596 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,209.11

3.160.	Nonpriority creditor's name and mailing address ERICA WINN PO BOX 22462 SACRAMENTO CA 95822 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,977.68
3.161.	Nonpriority creditor's name and mailing address ESCOBEDO, LINDA MARY 618 EAST HERMOSA SANTA MARIA CA 93454 Date or dates debt was incurred 5/7/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.162.	Nonpriority creditor's name and mailing address ESCOBEDO, LINDA MARY 618 EAST HERMOSA SANTA MARIA CA 93454 Date or dates debt was incurred 12/3/2017 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.163.	Nonpriority creditor's name and mailing address EVERSOFT PO BOX 92769 LONG BEACH CA 90809 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$147.76
3.164.	Nonpriority creditor's name and mailing address EXPENSE REDUCTION ANALYSTS, INC. PO BOX 956251 ST LOUIS MO 63195-6251 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$60,769.87
3.165.	Nonpriority creditor's name and mailing address EXPERTS OVER LUNCH LLC 102 HWY 155 # 591 AVINGER TX 75630 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,091.25

3.166.	Nonpriority creditor's name and mailing address FAIRFIELD MUNICIPAL UTILITIES 1000 WEBSTER ST FAIRFIELD CA 94533-4883 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$561.76
3.167.	Nonpriority creditor's name and mailing address FEDERAL EXPRESS PO BOX 1140 MEMPHIS TN 38101-1140 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,347.20
3.168.	Nonpriority creditor's name and mailing address FERRELLGAS PO BOX 173940 DENVER CO 80217-3940 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,295.01

3.169. Nonpriority creditor's name and mailing address FGL ENVIRONMENTAL AGRICULTURAL, INC. 853 CORPORATION ST SANTA PAULA CA 93060 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$370.99
3.170. Nonpriority creditor's name and mailing address FIDELITY INVESTMENT ACCT# 5956927 POST OFFICE BOX 73307 CHICAGO IL 60673-7307 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 401(K) ADMINISTRATIVE FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,770.24
3.171. Nonpriority creditor's name and mailing address FIDELITY INVESTMENT ACCT# 5956927 POST OFFICE BOX 73307 CHICAGO IL 60673-7307 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 401(K) PAYMENTS DUE FOR 2018 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$142,000.00

3.172.	Nonpriority creditor's name and mailing address FIRST CHOICE LANDSCAPE CORP. PO BOX 62 GLEN DORA CA 91740 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$700.00
3.173.	Nonpriority creditor's name and mailing address FOOD BANK OF C.C. AND SOLANO 4010 NELSON AVE CONCORD CA 94520 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,013.78
3.174.	Nonpriority creditor's name and mailing address FOWLCO, LLC PO BOX 1851 WOODBRI DGE CA 95258 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$119.97

3.175.	Nonpriority creditor's name and mailing address FRONTIER COMMUNICATIONS PO BOX 740407 CINCINNATI OH 45274-0407 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$0.06
3.176.	Nonpriority creditor's name and mailing address GALASSO, MARCO 5829 ARLINGTON BLVD RICHMOND CA 94805 Date or dates debt was incurred 5/3/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.177.	Nonpriority creditor's name and mailing address GARCIA, RICARDO 16434 WELSH CT MORENO VALLEY CA 92555 Date or dates debt was incurred 4/1/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.178. Nonpriority creditor's name and mailing address GARDENLAND POWER EQUIPMENT 196 CURTNER AVE CAMPBELL CA 95008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,315.14
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.179. Nonpriority creditor's name and mailing address GASTONIA LANDSCAPE & TREE MTCE. DBA GASTONIA LANDSCAPE AND TREE MAINT P O BOX 301 CITRUS HEIGHTS CA 95611	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$165.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.180. Nonpriority creditor's name and mailing address GLOBAL RETIREMENT PARTNERS, LLC J AND D 401K SVC 4340 REDWOOD HIGHWAY STE B60 SAN RAFAEL CA 94903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$10,760.27
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.181. Nonpriority creditor's name and mailing address GOLDEN OFFICE TRAILERS, INC. PO BOX 669 WILDOMAR CA 92595-0669 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LEASE-1ST Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$350.19
3.182. Nonpriority creditor's name and mailing address GOLDEN STATE WATER COMPANY SHELLY OASALO P O BOX 9016 SAN DIMAS CA 91773-9016 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$113.90
3.183. Nonpriority creditor's name and mailing address GRANITE TELECOMMUNICATIONS, LLC PO BOX 983119 CLIENT ID# 311 BOSTON MA 02298 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PARTNER Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$45,697.76

3.184. Nonpriority creditor's name and mailing address GREENWASTE RECOVERY, INC. PO BOX 11089 SAN JOSE CA 95103-1089 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$151.50
3.185. Nonpriority creditor's name and mailing address HALL'S HEATING AND AIR CONDITIONING 2155 HILLTOP DR STE D REDDING CA 96002 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$254.35
3.186. Nonpriority creditor's name and mailing address HANNA INTERPRETING SERVICES LLC 10783 JAMACHA BLVD STE 8 SPRING VLLY CA 91978 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$815.25

3.187. Nonpriority creditor's name and mailing address HAYWARD WATER SYSTEM P O BOX 6004 HAWYARD CA 94540-6004 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$798.55
3.188. Nonpriority creditor's name and mailing address HAZMED INC VENTURA WASTE MANAGEMENT PO BOX 3498 VENTURA CA 93006 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$195.00
3.189. Nonpriority creditor's name and mailing address HEAL, SHERRY KUULEI 10778 PIPPIN ST APT 5 OAKLAND CA 94605 Date or dates debt was incurred 10/14/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.190. Nonpriority creditor's name and mailing address HEALTH INFORMATION TECHNOLOGY CARE, LLC TONY NIEMOTKA 1310 REDWOOD WAY STE 125 PETALUMA CA 94954 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PARTNER Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$283,962.94
3.191. Nonpriority creditor's name and mailing address HENRY SCHEIN, INC. PO BOX 7156 PASADENA CA 91109-7156 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$650.00
3.192. Nonpriority creditor's name and mailing address HERMAN'S MAINTENANCE & LANDSCAPING DBA HERMAN'S MAINTENANCE AND LANDSCAPING 3019 KNIGHTSEN AVE KNIGHTSEN CA 94548 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$600.00

3.193. Nonpriority creditor's name and mailing address HERO PEST CONTROL 100 RIVER PINES WAY VALLEJO CA 94589 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00
3.194. Nonpriority creditor's name and mailing address HOFMANN PLASTERING COMPANY PO BOX 787 CONCORD CA 94522 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,803.50
3.195. Nonpriority creditor's name and mailing address HOMETOWN LTC PHARMACY, INC DBA HOMETOWN LTC PHARMACY 1450 W MCCOY LN SANTA MARIA CA 93455 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$115.24

3.196.	Nonpriority creditor's name and mailing address HUGHESNET PO BOX 96874 CHICAGO IL 60693-6874 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$533.11
3.197.	Nonpriority creditor's name and mailing address I GROSSMAN MD INC P.O. BOX 6305 OXNARD CA 93031-6305 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DOCTORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$75.78
3.198.	Nonpriority creditor's name and mailing address INCONTACT, INC. LOCK BOX 0268 PO BOX 7247 PHILADELPHIA PA 19170-0268 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,266.72

3.199.	Nonpriority creditor's name and mailing address INDEED, INC. MAIL CODE 5160 P.O. BOX 660367 DALLAS TX 75266-0367 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,800.00
3.200.	Nonpriority creditor's name and mailing address INDIO MEDICAL PHARMACY 81893 DR CARREON BLVD #7 INDIO CA 92201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,244.98
3.201.	Nonpriority creditor's name and mailing address INDUSTRIAL MEDICAL GROUP OF SANTA MARIA SANTA MARIA VALLEY 3070 SKYWAY DR # 106 SANTA MARIA CA 93455 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$875.00

3.202.	Nonpriority creditor's name and mailing address INDUSTRY PUBLIC UTILITIES PO BOX 3165 LA PUENTE CA 91744-0165 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$264.96
3.203.	Nonpriority creditor's name and mailing address INSITE DIRECT USA INC. PO BOX 731069 DALLAS TX 75373-1069 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$50,491.93
3.204.	Nonpriority creditor's name and mailing address INSITE GLOBAL FINANCE PO BOX 41602 PHILADELPHIA PA 19101-1602 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,512.01

3.205.	Nonpriority creditor's name and mailing address ISIDRA WILMERDING ACCOUNTS RECEIVABLE 106 E BOONE ST SANTA MARIA CA 93454 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$252.00
3.206.	Nonpriority creditor's name and mailing address J&J PLUMBING 1821 CONCHITA AVE SANTA MARIA CA 93458 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,021.00
3.207.	Nonpriority creditor's name and mailing address JACKSON & LEWIS LLP PO BOX 416019 BOSTON MA 02241-6019 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$231.25

3.208.	Nonpriority creditor's name and mailing address JAMES D. RICHARDSON 8511 N RIO LINDA AVE FRESNO CA 93711 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,300.00
3.209.	Nonpriority creditor's name and mailing address JAMES FRICK 3258 RINGLE RD AKRON MI 48701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$65.00
3.210.	Nonpriority creditor's name and mailing address JAMES SANDS M.D. 221 E. GLENOAKS BLVD SUITE #130 GLENDALE CA 91207 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DOCTORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$180.00

3.211. Nonpriority creditor's name and mailing address JANET STOECKEL 14346 WOLF RD GREENWOOD DE 19950	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$666.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.212. Nonpriority creditor's name and mailing address JARIPEO LANDSCAPE DBA JARIPEO LANDSCAPE AND CONSTRUCTION 646 40TH ST RICHMOND CA 94805	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$810.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.213. Nonpriority creditor's name and mailing address JERONIMO PASCUAL DBA JOSUE LANDSCAPE SVC 6601 OUTLOOK DR CITRUS HEIGHTS CA 95621	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$560.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.214. Nonpriority creditor's name and mailing address JOHN AND CYNTHIA MCDONALD 5450 RALSTON ST. SUITE #207 VENTURA CA 93003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,530.00
3.215. Nonpriority creditor's name and mailing address JOSE WELLEN P O BOX 1704 MARTINEZ CA 94553 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$80.00
3.216. Nonpriority creditor's name and mailing address KAISER PERMANENTE STUART BUTTLAIRE PHD 1950 FRANKLIN ST 4TH FL OAKLAND CA 94612 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,075.77

3.217. Nonpriority creditor's name and mailing address KAISER PERMANENTE STUART BUTTLAIRE PHD 1950 FRANKLIN ST 4TH FL OAKLAND CA 94612 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$525,823.24
3.218. Nonpriority creditor's name and mailing address LIVERMORE SANITATION, INC. 7000 NATIONAL AVE LIVERMORE CA 94550 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$180.82
3.219. Nonpriority creditor's name and mailing address LIVESCAN EXPRESS, INC. 5450 RALSTON ST SUITE 106 VENTURA CA 93003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$121.00

3.220. Nonpriority creditor's name and mailing address LIVESCAN SANTA BARBARA 411 E CANON PERDDIDO ST STE 15 SANTA BARARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$504.00
3.221. Nonpriority creditor's name and mailing address LOCUMTENENS HOLDINGS, LLC KRIS WEIR 2655 NORTHWINDS PKWY ALPHARETTA GA 30009 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DOCTORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$61,199.94
3.222. Nonpriority creditor's name and mailing address MACLAREN, KATHY ANN 267 MILES AVE ORCUTT CA 93455 Date or dates debt was incurred 2/1/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.223. Nonpriority creditor's name and mailing address MANJIT PUREWAL 213 FALLEN LEAF DR VACAVILLE CA 95687 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,800.00
3.224. Nonpriority creditor's name and mailing address MANUEL FLORES 10945 KLINGERMAN ST SOUTH EL MONTE CA 91733 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$720.00
3.225. Nonpriority creditor's name and mailing address [REDACTED] Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,039.37

3.226. Nonpriority creditor's name and mailing address MARK PETERSON CORPPRATOPM DBA AMERICAN PLUMBING 414 G ST ANTIOCH CA 94509 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$950.00
3.227. Nonpriority creditor's name and mailing address MARK TCHENG 849 VASONA ST MILPITAS CA 95035 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,775.00
3.228. Nonpriority creditor's name and mailing address MARY-JO BAUTISTA DBA MARY-JO BAUTISTA-BOHALL, PSYD 12053 HERMOSURA ST NORWALK CA 90650 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,615.00

3.229.	Nonpriority creditor's name and mailing address MATSON ALRAM CO., INC 581 W FALLBROOK AVE STE 100 FRESNO CA 93711-5519 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$370.00
3.230.	Nonpriority creditor's name and mailing address MAXIM STAFFING SOLUTIONS, INC. RYAN WASSER 12558 COLLECTIONS CTR DR CHICAGO IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$66,801.01
3.231.	Nonpriority creditor's name and mailing address MCCARTHY, BURGESS & WOLFF THE MB AND W BUILDING 26000 CANNOR RD CLEVELAND OH 44146 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,340.54

3.232.	Nonpriority creditor's name and mailing address MED 7 URGENT CARE CENTERS PO BOX 619115 ROSEVILLE CA 95661 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,739.50
3.233.	Nonpriority creditor's name and mailing address MEDIWASTE DISPOSAL PO BOX 6579 CORONA CA 92878 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,136.25
3.234.	Nonpriority creditor's name and mailing address MEDPRO WASTE DISPOSAL, LLC PO BOX 5683 CAROL STREAM IL 60197 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PARTNERSHIP Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$5,660.00

3.235. Nonpriority creditor's name and mailing address MEKKIA DESANCHEZ-DAVIS, LCSW 27299 CRESTA DEL NORTE MURRIETA CA 92563-3808 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DOCTORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100.00
3.236. Nonpriority creditor's name and mailing address MENTAL HEALTH ADMINISTRATION 1340 ARNOLD DR STE 200 MARTINEZ CA 94553 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,000.00
3.237. Nonpriority creditor's name and mailing address MERCEDES SCIENTIFIC PO BOX 850001 ORLANDO FL 32885-0123 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$332.36

3.238. Nonpriority creditor's name and mailing address MERCEDES SCIENTIFIC PO BOX 850001 ORLANDO FL 32885-0123 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$419.03
3.239. Nonpriority creditor's name and mailing address METLIFE - GROUP BENEFITS RHONDA SWAGGERTY PO BOX 804466 KANSAS CITY MO 64180-4466 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$28,712.98
3.240. Nonpriority creditor's name and mailing address MICHAEL H LISIAK 1275 MONTIECITO RIDGE DR ARROYO GRANDE CA 93420 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DOCTORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,175.00

3.241. Nonpriority creditor's name and mailing address MICHAEL J. ANTHONY DBA 1104 BUCHANNAN STREET LLC 570 EL CAMINO REAL # 150-449 REDWOOD CITY CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,450.00
3.242. Nonpriority creditor's name and mailing address MICHAEL J. LAWRENCE DBA POOL GUY PO BOX 2356 SHINGLE SPRINGS CA 95682 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$250.00
3.243. Nonpriority creditor's name and mailing address MICHAEL T YESCHENKO DBA MTY CONSTRUCTION 419 ROSS STREET GLENDALE CA 91207 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,405.00

3.244. Nonpriority creditor's name and mailing address MID VALLEY DISPOSAL PO BOX 12227 FRESNO CA 93777	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$97.76
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.245. Nonpriority creditor's name and mailing address MIGUEL NUNEZ 2405 WOODHILL DR PITTSBURG CA 94565	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,455.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.246. Nonpriority creditor's name and mailing address MISSION LINEN SUPPLY 505 MAULHARDT AVE OXNARD CA 93030-7925	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$538.56
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.247. Nonpriority creditor's name and mailing address MIXON, SERENA LACHELLE 2122 WYLIE PL FAIRFIELD CA 94533	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNDETERMINED
Date or dates debt was incurred 1/18/2019	Basis for the claim: WORKERS COMPENSATION CLAIM	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.248. Nonpriority creditor's name and mailing address MIXON, SERENA LACHELLE 2122 WYLIE PL FAIRFIELD CA 94533	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNDETERMINED
Date or dates debt was incurred 4/19/2019	Basis for the claim: WORKERS COMPENSATION CLAIM	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.249. Nonpriority creditor's name and mailing address MIXON, SERENA LACHELLE 2122 WYLIE PL FAIRFIELD CA 94533	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNDETERMINED
Date or dates debt was incurred 4/13/2019	Basis for the claim: WORKERS COMPENSATION CLAIM	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.250.	Nonpriority creditor's name and mailing address MOBILE MINI, INC. PAYMENT PROCESSING P O BOX 7144 PASADENA CA 91109-7144 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,123.00
3.251.	Nonpriority creditor's name and mailing address MONTEBELLO LAND & WATER COMPANY 344 E MADISON AVE PO BOX 279 MONTEBELLO CA 90640 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$283.24
3.252.	Nonpriority creditor's name and mailing address MORPHO USA, INC. 6840 CAROTHERS PKWY STE 650 FRANKLIN TN 37067 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,893.00

3.253. Nonpriority creditor's name and mailing address MORRA, BRIANA 271 ERIC CIRCLE GALT CA 95632 Date or dates debt was incurred 7/27/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.254. Nonpriority creditor's name and mailing address MOSIAC NETWORKX LLC PETER HERSCHKORN DEPT LA 24111 PASADENA CA 91185-4111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$72,142.24
3.255. Nonpriority creditor's name and mailing address MOZZAZ CORPORATION 1700 MARKET ST STE 1005 PHILADELPHIA PA 19103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,325.50

3.256. Nonpriority creditor's name and mailing address MT DIABLO RESOURCE RECOVERY-CONCORD PO BOX 5397 CONCORD CA 94524-0397 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,059.50
3.257. Nonpriority creditor's name and mailing address MT DIABLO RESOURCE RECOVERY-PITTSBURG PO BOX 5397 CONCORD CA 94524-0397 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$79.60
3.258. Nonpriority creditor's name and mailing address MT SHASTA SPRING WATER CO., INC 1878 TWIN VIEW BLVD REDDING CA 96003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$102.76

3.259. Nonpriority creditor's name and mailing address MY ALARM CENTER 3803 WEST CHESTER PIKE, SUITE 100A NEWTON SQUARE PA 19073 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$90.00
3.260. Nonpriority creditor's name and mailing address NAVIA BENEFIT SOLUTIONS PO BOX 35193 SEATTLE WA 98124-5193 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,038.03
3.261. Nonpriority creditor's name and mailing address NAZANIN ELAHI MD 670 VERNON ST APT # 204 OAKLAND CA 94610 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DOCTORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,000.00

3.262.	Nonpriority creditor's name and mailing address NEPTUNE WATER SOLUTIONS 1029 TENNESSEE ST UNIT B VALLEJO CA 94590 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$917.22
3.263.	Nonpriority creditor's name and mailing address NEWPORT FARMS, INC. 105 PEARL ST CORONA CA 92879 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,791.23
3.264.	Nonpriority creditor's name and mailing address NEWSOME, MICHELLE RENEE 1043 SANTO ANTONIO DR APT 89 COLTON CA 92324 Date or dates debt was incurred 5/19/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.265.	Nonpriority creditor's name and mailing address NORIX GROUP, INC. 1800 W HAWTHORNE LN STE N WEST CHICAGO IL 60185 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,934.00
3.266.	Nonpriority creditor's name and mailing address OCCUPATIONAL HEALTH CENTERS 1818 E SHY HARBOUR CIR N 150 PHOENIX CA 85034-3407 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$132.00
3.267.	Nonpriority creditor's name and mailing address OCCUPATIONAL HEALTH CENTERS 1818 E SHY HARBOUR CIR N 150 PHOENIX CA 85034-3407 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,104.50

3.268.	Nonpriority creditor's name and mailing address O'CONNER PEST CONTROL 101 CUYAMA LN NIPOMO CA 93444 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,069.00
3.269.	Nonpriority creditor's name and mailing address ORKIN EXTERMINATING 12175 FLINT PL POWAY CA 92064-7107 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,744.39
3.270.	Nonpriority creditor's name and mailing address ORKIN PEST CONTROL PO BOX 7161 PASADENA CA 91109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$80.27

3.271. Nonpriority creditor's name and mailing address ORTIZ, STEPHANIE M 361 MCCLOSKEY RD HOLLISTER CA 95023 Date or dates debt was incurred 2/5/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.272. Nonpriority creditor's name and mailing address OVERMILLER INC - ROTO-ROOTER 195 MASON CIR CONCORD CA 94520 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,678.71
3.273. Nonpriority creditor's name and mailing address PACIFIC ALARM SERVICE 521 WELLWOOD AVE BEAUMONT CA 92223 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$899.00

3.274. Nonpriority creditor's name and mailing address PACIFIC STORAGE CO P O BOX 334 STOCKTON CA 95201-0334	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$614.85
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.275. Nonpriority creditor's name and mailing address PACIFIC TELEMAGEMENT SERVICES 2001 CROW CANYON RD #201 SAN RAMON CA 94583-5388	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,947.90
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.276. Nonpriority creditor's name and mailing address PACIFIC WATER CONDITIONING P O BOX 88 NEWBURY PARK CA 91320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$468.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.277. Nonpriority creditor's name and mailing address PARKER, MELANIE ANN 1501 ALAMO DR APT 130 VACAVILLE CA 95687 Date or dates debt was incurred 1/29/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.278. Nonpriority creditor's name and mailing address PAULETTE HASTY 313 TULIP STREET FAIRFIELD CA 94533 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$59.00
3.279. Nonpriority creditor's name and mailing address PAUSELIUS, HOLLAND WRENN 2442 DOUGLAS ST UNION CITY CA 94587 Date or dates debt was incurred 2/10/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.280.	Nonpriority creditor's name and mailing address PAZSIE YANG 1136 N. ALMOND WAY BANNING CA 92220 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$71.00
3.281.	Nonpriority creditor's name and mailing address PEREZ, MARIA SELENA 305 DAFFODIL DR HOLLISTER CA 95023 Date or dates debt was incurred 5/17/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.282.	Nonpriority creditor's name and mailing address PG&E PO BOX 997300 SACRAMENTO CA 95899-7300 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$51,378.51

3.283. Nonpriority creditor's name and mailing address PHARMERICA P O BOX 409251 ATLANTA GA 30384-9251	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$5,034.05
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.284. Nonpriority creditor's name and mailing address PHILADELPHIA INSURANCE COMPANIES P O BOX 70251 PHILADELPHIA PA 19176-0251	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$50,011.16
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.285. Nonpriority creditor's name and mailing address PHILLIP L. CORVINUS 74605 STAGE LINE DR THOUSAND PALMS CA 92276	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$6,200.00
Date or dates debt was incurred VARIOUS	Basis for the claim: RENTS	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.286. Nonpriority creditor's name and mailing address PITNEY BOWES/GLOBAL FINANCIAL SVC LLC P O BOX 371887 PITTSBURGH PA 15250-7887 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,212.80
3.287. Nonpriority creditor's name and mailing address PLURALSIGHT, LLC DEPT CH 19719 PALATINE IL 60055-9719 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,992.00
3.288. Nonpriority creditor's name and mailing address PRAISE BEHAVIORAL SERVICES 1986 BRIGHTON AVE GROVER BEACH CA 93433 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DOCTORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,440.00

3.289.	Nonpriority creditor's name and mailing address PRASAD, SONAM ROLEEN 4851 WINAMAC DR SACRAMENTO CA 95835 Date or dates debt was incurred 3/12/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.290.	Nonpriority creditor's name and mailing address PRO PACIFIC PEST CONTROL PO BOX 3354 ESCONDIDO CA 92033 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,190.00
3.291.	Nonpriority creditor's name and mailing address PROFESSIONAL TECHNOLOGGIES, INC. 4950 N OCONNER RD STE 152 IRVINE TX 75062-2778 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$628.00

3.292.	Nonpriority creditor's name and mailing address PROTECTION ONE/ADT PO BOX 34035 SEATTLE WA 98124-1035 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$555.89
3.293.	Nonpriority creditor's name and mailing address PUBLIC GUARDIAN 1001 PARTRIDGE DR. VENTURA CA 93003-0711 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,957.51
3.294.	Nonpriority creditor's name and mailing address PURE WATER PARTNERS P.O. BOX 3069 WOBURN MA 01888-1969 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$542.88

3.295. Nonpriority creditor's name and mailing address QIAN INVESTMENTS, LLC PO BOX 742 ALAMO CA 94507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$12,596.33
Date or dates debt was incurred VARIOUS	Basis for the claim: RENTS	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.296. Nonpriority creditor's name and mailing address QUALITY TECHNOLOGY SERVICES HOLDING, LLC PO BOX 74455 CLEVELAND OH 44194-4455	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$9,052.54
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.297. Nonpriority creditor's name and mailing address QUICK'S RESIDENTIAL GLASS 345 N WILSON WAY STOCKTON CA 95205	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$175.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.298. Nonpriority creditor's name and mailing address RANDI S. DRASIN RD 4240 LOST HILLS RD UNIT 3205 CALABASAS CA 91301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$130.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.299. Nonpriority creditor's name and mailing address RAY MORGAN COMPANY PO BOX 554 CHICO CA 95927-0554	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$655.20
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.300. Nonpriority creditor's name and mailing address READY REFRESH PO BOX 856158 LOUISVILLE KY 40285-6158	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,682.30
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.301. Nonpriority creditor's name and mailing address RECOLOGY SOUTH VALLEY 1351 PACHECO PASS HWY GILROY CA 95020-9579 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$395.60
3.302. Nonpriority creditor's name and mailing address RECOLOGY VACAVILLE SOLANO PO BOX 60759 LOS ANGELES CA 90060-0759 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$427.14
3.303. Nonpriority creditor's name and mailing address RECOLOGY VALLEJO 2021 BROADWAY VALLEJO CA 94589-1769 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$319.64

3.304. Nonpriority creditor's name and mailing address REDDING PRIMARY CARE MEDICAL GROUP, INC. DBA HILLTOP MEDICAL CLIENT WEST 2123 EUREKA WAY REDDING CA 96001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,305.00
3.305. Nonpriority creditor's name and mailing address REDWOOD TOXICOLOGY LAB PO BOX 5680 SANTA ROSA CA 95402-5680 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,422.10
3.306. Nonpriority creditor's name and mailing address REPUBLIC SERVICES # 210 PO BOX 78829 PHOENIX AZ 85062-8829 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$663.76

3.307. Nonpriority creditor's name and mailing address REPUBLIC SERVICES # 846 PO BOX 78829 PHOENIX CA 85062-8829 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$230.44
3.308. Nonpriority creditor's name and mailing address REPUBLIC SERVICES # 851 PO BOX 78829 PHOENIX AZ 85062-8829 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,220.04
3.309. Nonpriority creditor's name and mailing address REPUBLIC SERVICES # 902 PO BOX 78829 PHOENIX AZ 85062-8829 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$162.92

3.310.	Nonpriority creditor's name and mailing address REPUBLIC SERVICES #916 PO BOX 78829 PHOENIX AZ 85062-8829 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$239.91
3.311.	Nonpriority creditor's name and mailing address REPUBLIC SRVICES # 915 PO BOX 78829 PHOENIX AZ 85062 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$525.83
3.312.	Nonpriority creditor's name and mailing address RICHARD'S HEATING & AIR REPAIR 1807 SANTA RITA RD H288 PLEASANTON CA 94566 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$223.00

3.313. Nonpriority creditor's name and mailing address RICK'S APPLIANCE SERVICE INC. 633 S COLLEGE DR SANTA MARIA CA 93454	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$79.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.314. Nonpriority creditor's name and mailing address RIVERSIDE COUNTY MENTAL HEALTH REVENUE SECTION P O BOX 7549 RIVERSIDE CA 92513-7549	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$228,831.60
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.315. Nonpriority creditor's name and mailing address RIVERSIDE COUNTY PUBLIC GUARDIAN P O BOX 1405 RIVERSIDE CA 92502-1405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$4,263.12
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.316. Nonpriority creditor's name and mailing address ROBERT HALF MANAGEMENT RESOURCES RENEE SANCHEZ-MORALES PO BOX 743295 LOS ANGELES CA 90074-3295 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$95,367.63
3.317. Nonpriority creditor's name and mailing address ROBERT WHITT PO BOX 2087 FORT COLLINS CO 80522 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$436.00
3.318. Nonpriority creditor's name and mailing address ROBINSON, RICKIE 11091 SHAW STREET RANCHO CUCAMONGA CA 91701 Date or dates debt was incurred 3/3/2014 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.319. Nonpriority creditor's name and mailing address RONDO RESOURCES, INC. 3291 GLENDON AVE LOS ANGELES CA 90034	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$5,931.92
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.320. Nonpriority creditor's name and mailing address ROTO ROOTER SERVICES COMPANY 5672 COLLECTIONS CTR DR CHICAGO IL 60693-0056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,576.16
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.321. Nonpriority creditor's name and mailing address RUBIDOUX COMMUNITY SERVICES P O BOX 3098 RIVERSIDE CA 92519-3098	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,620.88
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.322. Nonpriority creditor's name and mailing address RURAL NORTH VACAVILLE WATER DISTRICT PO BOX 5097 VACAVILLE CA 95696 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$920.82
3.323. Nonpriority creditor's name and mailing address SACRAMENTO COUNTY SHERIFFS DEPARTMENT 711 G ST SACRAMENTO CA 95814 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$400.00
3.324. Nonpriority creditor's name and mailing address SACRAMENTO COUNTY UTILITIES PO BOX 1804 SACRAMENTO CA 95812 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$450.88

3.325. Nonpriority creditor's name and mailing address SACRAMENTO METROPOLITAN FIRE DISTRICT COMMUNITY RISK REDUCTION DIVISION PO BOX 269110 SACRAMENTO CA 95826-9110 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$469.00
3.326. Nonpriority creditor's name and mailing address SACRAMENTO MUNICIPAL UTILITY P O BOX 15830 SACRAMENTO CA 95852 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,779.37
3.327. Nonpriority creditor's name and mailing address SAN GABRIEL/POMONA REGIONAL CNTR 75 RANCHO CAMINO DR POMONA CA 91766 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$135.00

3.328. Nonpriority creditor's name and mailing address SANDY CONROY 3333 PARKS LN CARMICHAEL CA 95608	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$100.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.329. Nonpriority creditor's name and mailing address SANSUM CLINIC OCCUPATIONAL MEDICINE PO BOX 62106 SANTA BARBARA CA 93160-2106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$507.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.330. Nonpriority creditor's name and mailing address SANTA ROSA FIRE EQUIPMENT SERVICE, INC. P O BOX 7070 SANTA ROSA CA 95407-7070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$48.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.331. Nonpriority creditor's name and mailing address SARA TOWNSEND P.O. BOX 3868 HEMET CA 92546 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$200.00
3.332. Nonpriority creditor's name and mailing address SCHIFF HARDIN LLC 233 S WACKER DR CHICAGO IL 60606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,741.80
3.333. Nonpriority creditor's name and mailing address SECURE SCREENING SOLUTIONS, INC 5706 BROADWAY SACRAMENTO CA 95820 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$426.00

3.334. Nonpriority creditor's name and mailing address SEE, JEFFREY 830 N REVERE AVE GREATER LOS ANGELES AREA CA 90640	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNDETERMINED
Date or dates debt was incurred 1/26/2019	Basis for the claim: WORKERS COMPENSATION CLAIM	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.335. Nonpriority creditor's name and mailing address SERGIO MEDINA DBA MEDINA'S GARDENING 657 E 8TH ST POMONA CA 91766	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$150.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.336. Nonpriority creditor's name and mailing address SERVICE PROS PUUMBERS, INC. 126 RAILROAD AVE ANTIOCH CA 94509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,900.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.337. Nonpriority creditor's name and mailing address SERVPRO OF ANTIOCH DBA SERVPRO OF ANTIOCH 2101 W 10TH ST ANTIOCH CA 94509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,470.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.338. Nonpriority creditor's name and mailing address SHARP BUSINESS SYSTEMS DBA SHARP BUSINESS SYSTEMS DEPT LA 21510 PASADENA CA 91185-1510	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$50,678.53
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.339. Nonpriority creditor's name and mailing address SHELDON ONE HARBOR CENTER STE 310 SUISUN CA 94585	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,819.85
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.340. Nonpriority creditor's name and mailing address SHERI CAREY 1312 LILLIAN ST CROCKETT CA 94549	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$300.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.341. Nonpriority creditor's name and mailing address SHERRY KENYON 503 SCALA PL LINCOLN CA 95648	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$385.03
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.342. Nonpriority creditor's name and mailing address SHRED WORKS, INC. DEPT 34654 PO BOX 39000 SAN FRANCISCO CA 94139	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$4,247.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.343. Nonpriority creditor's name and mailing address SHRED-IT USA LLC 28883 NETWORK PL CHICAGO IL 60673-1288	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,371.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.344. Nonpriority creditor's name and mailing address SIGNAL ALARM COMPANY, INC. P O BOX 961 MONROVIA CA 91016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$384.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.345. Nonpriority creditor's name and mailing address SIMPLE SOLUTIONS 8168 CHURN CREEK RD REDDING CA 96002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$87.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.346. Nonpriority creditor's name and mailing address SLO- FLO INC DBA ROTO ROOTER PLUMBING AND DRAIN 3380 BROAD ST SAN LUIS OBISPO CA 93406 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$151.00
3.347. Nonpriority creditor's name and mailing address SMITHS ALARMS &ELECTRONICS PO BOX 2508 ORCUTT CA 93457 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$139.63
3.348. Nonpriority creditor's name and mailing address SO CAL GAS P O BOX C MONTEREY PARK CA 91756 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,809.46

3.349. Nonpriority creditor's name and mailing address SOUTH COUNTY SANITARY A WASTE CONNECTIONS COMPANY 4388 OLD SANTA FE RD. SAN LUIS OBISPO CA 93401-8160 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$260.63
3.350. Nonpriority creditor's name and mailing address SOUTHERN CALIFORNIA EDISON PO BOX 300 ROSEMEAD CA 91772-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,138.86
3.351. Nonpriority creditor's name and mailing address SPARKLETTS P O BOX 660579 DALLAS TX 75266-0579 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,743.70

3.352. Nonpriority creditor's name and mailing address SPEEDY RESTORATION, INC. 1039 SERPENTINE STE C PLEASANTON CA 94566	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,066.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.353. Nonpriority creditor's name and mailing address SSD SYSTEMS, INC. 1740 N LEMON ST ANAHEIM CA 92801-1007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$549.06
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.354. Nonpriority creditor's name and mailing address STAN'S DRUGS, INC. 3001 SAVIERS ROAD OXNARD CA 93033	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$298.46
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.355. Nonpriority creditor's name and mailing address STAPLES ADVANTAGE GLORIA J CUOMO DEPT LA PO BOX 83689 CHICAGO IL 60696-3689 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$83,820.68
3.356. Nonpriority creditor's name and mailing address STEADYCARE, LLC PO BOX 1176 LINNFIELD MA 01940 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,958.15
3.357. Nonpriority creditor's name and mailing address STERICYCLE, INC. P O BOX 6578 CAROL STREAM IL 60197-6578 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,598.25

3.358. Nonpriority creditor's name and mailing address STOCKTON SCAVENGERS ASC. PO BOX 1747 STOCKTON CA 95201-3147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,089.32
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.359. Nonpriority creditor's name and mailing address SUBURBAN WATER SYSTEMS PO BOX 6105 COVINA CA 91722-5105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$455.15
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.360. Nonpriority creditor's name and mailing address TAYLOR COMMUNICATIONS DBA STAPLES PRINT SOLUTIONS PO BOX 95074 CHICAGO IL 60694-5074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,545.96
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.361. Nonpriority creditor's name and mailing address TBM SERVICES INC. DBA TBM FIRE AND SECURITY 278 TENNESSEE ST REDLANDS CA 92373 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,196.00
3.362. Nonpriority creditor's name and mailing address TELECARE CORPORATION 1080 MARINA VLG PKWY STE 110 ALAMEDA CA 94501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,850.00
3.363. Nonpriority creditor's name and mailing address TERESA QUINTERO 960 MEMORIAL DR APT C HOLLISTER CA 95023 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: DEMAND LETTER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.364. Nonpriority creditor's name and mailing address TERMINIX PROCESSING CENTER P O BOX 742592 CINCINNATI OH 45274-2592	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,867.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.365. Nonpriority creditor's name and mailing address TERNIO, LLC PO BOX 1047 EASTSOUND WA 98245	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$160.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.366. Nonpriority creditor's name and mailing address THE BURLINGHAM FAMILY LLC LUCY BURLINGHAM 167 RIDGEWAY AVE FAIRFAX CA 94930	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$5,200.00
Date or dates debt was incurred VARIOUS	Basis for the claim: RENTS	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.367. Nonpriority creditor's name and mailing address THE HITMEN TERMITE & PEST CONTROL, INC 600 EAST TODD SANTA ROSA CA 94507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$250.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.368. Nonpriority creditor's name and mailing address THOMAS, ASIANA LATRECE 189 CHERRY WAY HAYWARD CA 94541	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNDETERMINED
Date or dates debt was incurred 3/12/2019	Basis for the claim: WORKERS COMPENSATION CLAIM	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.369. Nonpriority creditor's name and mailing address THUMB COOLING & CO, LLC 8430 VAN DYKE RD CASS CITY MI 48726	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$117.45
Date or dates debt was incurred VARIOUS	Basis for the claim: PARTNERSHIP	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

3.370. Nonpriority creditor's name and mailing address TIME WARNER CABLE PO BOX 60074 CITY OF INDUSTRY CA 91716-0074 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$235.47
3.371. Nonpriority creditor's name and mailing address TODD ROLOFF 735 PALMERA CT. ALAMEDA CA 94501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RENTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,574.34
3.372. Nonpriority creditor's name and mailing address TONYA ALEXANDER 23386 HEMLOCK AVE APT # 106 MORENO VALLEY CA 92557 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION - CASE # 05-71700 RZ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.373. Nonpriority creditor's name and mailing address TOP QUALITY MFG. PO BOX 66 GLENOLDEN PA 19036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$123.34
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.374. Nonpriority creditor's name and mailing address TORNEROS GROUP INC. P O BOX 447 DANVILLE CA 94526	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$6,386.36
Date or dates debt was incurred VARIOUS	Basis for the claim: RENTS	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.375. Nonpriority creditor's name and mailing address TOTALLY TUFF FURNITURE INC 527 IRVINE AVE NEWPORT BEACH CA 92663	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$780.10
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.376. Nonpriority creditor's name and mailing address TOWNSEND & STYER MAINTENANCE CO, LLC 1601 N CALIFORNIA BLVD STE 250 WALNUT CREEK CA 94596	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,160.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.377. Nonpriority creditor's name and mailing address TRI-COUNTIES COMMUNITY HOUSING CORP, INC 520 E MONTECITO ST SANTA BARBARA CA 93103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$14,344.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.378. Nonpriority creditor's name and mailing address TRUSTED TRANSLATIONS, INC LOCKBOX 10327 P.O. BOX 70280 PHILADELPHIA PA 19176-0280	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$104.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.379. Nonpriority creditor's name and mailing address U. S. HEALTHWORKS MEDICAL GROUP, PC P O BOX 50042 LOS ANGELES CA 90074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$15,627.32
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.380. Nonpriority creditor's name and mailing address UKERU SYSTEMS P.O. BOX 2500 WINCHESTER VA 22604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$10,443.94
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.381. Nonpriority creditor's name and mailing address ULINE ACCOUNTS RECEIVABLE PO BOX 88741 CHICAGO IL 60680-1741	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,065.16
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.382. Nonpriority creditor's name and mailing address UNITED HEALTHCARE DEPT #6940 LOS ANGELES CA 90084-6940	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$111,854.87
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.383. Nonpriority creditor's name and mailing address UNIVERSAL BUILDING SERVICE & SUPPLY CO 3120 PIERCE ST RICHMOND CA 94804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,868.91
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.384. Nonpriority creditor's name and mailing address UNUM PO BOX 406990 ATLANTA GA 30384-6990	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$12,161.59
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.385. Nonpriority creditor's name and mailing address V-COM SOLUTIONS PO BOX 849491 LOS ANGELES CA 90084-9491	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$49,382.64
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.386. Nonpriority creditor's name and mailing address VERIZON WIRELESS P O BOX 660108 DALLAS TX 75266-0108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,918.11
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.387. Nonpriority creditor's name and mailing address VIRTUAL SAILS LLC 700 MCKNIGHT PK DR STE 702 PITTSBURGH PA 15237	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$337.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.388. Nonpriority creditor's name and mailing address VISTA PACIFICA ENT, INC. 3674 PACIFIC AVE RIVERSIDE CA 92509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$16,800.00
Date or dates debt was incurred VARIOUS	Basis for the claim: RENTS	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.389. Nonpriority creditor's name and mailing address WASHINGTON TWP MEDICAL FOUNDATION PO BOX 7390 FREMONT CA 94537-7390	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,666.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.390. Nonpriority creditor's name and mailing address WASTE MANAGEMENT P O BOX 541065 LOS ANGELES CA 90054-1008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$168.36
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.391. Nonpriority creditor's name and mailing address WASTE MANAGEMENT P O BOX 541065 LOS ANGELES CA 90054-1008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$762.02
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.392. Nonpriority creditor's name and mailing address WASTE MANAGEMENT OF ALAMEDA COUNTY P O BOX 541065 LOS ANGELES CA 90054-1065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,086.41
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.393. Nonpriority creditor's name and mailing address WCI-CG, INC. 101 YGNACIO VLY RD STE 105 WALNUT CREEK CA 94596	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$35,014.68
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.394. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim UNDETERMINED
Date or dates debt was incurred _____	Basis for the claim: ERISA 401(K) BOND	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.395. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 7/15/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR 350 N. HILLMONT AVE. - POLICY NO. 69747695	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.396. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,000.00
Date or dates debt was incurred 7/31/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR 5149 WINSTON COURT FREMONT - POLICY NO. 69564855	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

3.397. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 8/3/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR 1017 LA SERENATA WAY NIPOMO, CA - POLICY NO. 63300284	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.398. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 4/26/2019	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR 27971 FAIRVIEW AVE - POLICY NO. 70918903	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.399. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 9/5/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR 7137 AMADOR VALLEY BLVD - POLICY NO. 70580564	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

3.400. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 7/5/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR ANKA CLOVER CREEK - POLICY NO. 63264218	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.401. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 11/30/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR ANKA LA LOMA - POLICY NO. 58655283	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.402. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,000.00
Date or dates debt was incurred 1/7/2017	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR ANKA LODI - POLICY NO. 61559468	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

3.403.	Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604 Date or dates debt was incurred 9/29/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMUNITY CARE LICENSE BOND FOR ANKA PICKFORD - POLICY NO. 58737281 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,000.00
3.404.	Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604 Date or dates debt was incurred 2/10/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMUNITY CARE LICENSE BOND FOR ANKA SHASTA VIEW - POLICY NO. 62670740 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,000.00
3.405.	Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604 Date or dates debt was incurred 8/18/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMUNITY CARE LICENSE BOND FOR BRIGHT HOUSE - POLICY NO. 69209521 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,000.00

3.406. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,000.00
Date or dates debt was incurred 11/19/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR CASA ROHNERT PARK FACILITY - POLICY NO. 69816885	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.407. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 10/2/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR CASA VALLEJO - POLICY NO. 70808486	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.408. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 4/13/2019	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR DESERT RANCHO - POLICY NO. 70700639	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

3.409. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 12/1/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR ENGLISH HILLS - POLICY NO. 58737288	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.410. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,000.00
Date or dates debt was incurred 6/27/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR EVELYN AVENUE - POLICY NO. 70332222	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.411. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,000.00
Date or dates debt was incurred 11/18/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR GRANT HOUSE II - POLICY NO. 69251855	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

3.412. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604 Date or dates debt was incurred 4/18/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMUNITY CARE LICENSE BOND FOR HILLMONT HOUSE - POLICY NO. 58655286 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,000.00
3.413. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604 Date or dates debt was incurred 11/16/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMUNITY CARE LICENSE BOND FOR NEVIN HOUSE - POLICY NO. 70006806 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,000.00
3.414. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604 Date or dates debt was incurred 8/30/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMUNITY CARE LICENSE BOND FOR NIERIKA HOUSE - POLICY NO. 69216523 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,000.00

3.415. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604 Date or dates debt was incurred 7/5/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMUNITY CARE LICENSE BOND FOR ORCHARD LANE - POLICY NO. 63264205 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,000.00
3.416. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604 Date or dates debt was incurred 4/4/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMUNITY CARE LICENSE BOND FOR POMONA HOUSE - POLICY NO. 70078233 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,000.00
3.417. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604 Date or dates debt was incurred 9/6/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: COMMUNITY CARE LICENSE BOND FOR RANCHO WEST - POLICY NO. 70373937 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,000.00

3.418. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 7/5/2018 Last 4 digits of account number:	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR SERENITY PLACE - POLICY NO. 63264224 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.419. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,000.00
Date or dates debt was incurred 8/30/2018 Last 4 digits of account number:	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR STATE OF CALIFORNIA - POLICY NO. 69216528 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.420. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 12/1/2018 Last 4 digits of account number:	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR STEIGER HILL - POLICY NO. 58737287 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

3.421. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 9/25/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR TAYLOR HOME - POLICY NO. 70591663	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.422. Nonpriority creditor's name and mailing address WESTERN SURETY COMPANY 333 S. WABASH AVE CHICAGO IL 60604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred 9/11/2018	Basis for the claim: COMMUNITY CARE LICENSE BOND FOR TRANQUILITY HOME - POLICY NO. 63344182	
Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.423. Nonpriority creditor's name and mailing address WEX ONLINE - WRIGHT EXPRESS P O BOX 6393 CAROL STREAM IL 60197-6293	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$41,603.95
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.424. Nonpriority creditor's name and mailing address WHITTLE FIRE PROTECTION 990 OLYMPIC WAY NIPOMO CA 93444	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$544.71
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.425. Nonpriority creditor's name and mailing address WIRE TECH ELECTRIC 1211 LORENE AVE MANTECA CA 95336	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$380.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.426. Nonpriority creditor's name and mailing address WOODS PEST CONTROL, INC. 1642 TAHOE CT REDDING CA 96003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$178.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.427. Nonpriority creditor's name and mailing address WRIGHT SEPTIC TANK PUMPING CO. PO BOX 196 SAN JACINTO CA 92581 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$336.91
3.428. Nonpriority creditor's name and mailing address ZENDESK, INC DEPT CH 19895 PAATINE IL 60055-9895 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,336.69
3.429. Nonpriority creditor's name and mailing address ZEPOL LABS, INC 4401 CASTLE GROVE WAY ELK GROVE CA 95758 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$720.00

3.430. **Nonpriority creditor's name and mailing address**

ZOOM VIDEO COMMUNICATIONS, INC.
55 ALMADEN BLVD
STE 600
SAN JOSE CA 95113

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

ACCOUNTS PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$946.60

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
AMY SCEARCY 1924 TRINITY AVE WALNUT CREET CA 94596	Part 2 line 3.26	_____
AMY SCEARCY 1924 TRINITY AVE WALNUT CREET CA 94596	Part 2 line 3.27	_____
BERKSHIRE HATHAWAY HOMESTATE COMPANIES STAN MORRISON P.O. BOX 881236 SAN FRANCISCO CA 94188	Part 2 line 3.62	_____
BIALSON BERGEN & SCHWAB, APROF CORP LAWRENCE M SCHWAB;THOMAS M GAA 633 MENLO AVENUE STE 100 MENLO PARK CA 94025	Part 2 line 3.254	_____
CALLTOWER, INC. SHAWN HANSEN 10701 S. RIVER FRONT PKWY SUITE 450 SOUTH JORDAN UT 84095	Part 2 line 3.80	_____
COLLINS COLLINS MUIR AND STEWART LLP RYAN J KOHLER ESQ 1100 EL CENTRO ST SOUTH PASADENA CA 91030	Part 2 line 3.132	_____
EMPLOYMENT DEVELOPMENT DEPT BANKRUPTCY UNIT MIC 92E PO BOX 826880 SACRAMENTO CA 94280-0001	Part 1 line 2.14	_____
KAISER PERMANENTE SWATI ARROYO FILE NUMBER 73030 P.O. BOX 60000 SAN FRANCISCO CA 94160-3030	Part 2 line 3.216	_____
KAISER PERMANENTE SWATI ARROYO FILE NUMBER 73030 P.O. BOX 60000 SAN FRANCISCO CA 94160-3030	Part 2 line 3.217	_____
LABOR COMMISSION DEPT OF INDUS RELATIONS DIV OF LABOR STD ENFORCEMENT 300 OCEANGATE STE 302 LONG BEACH CA 90802	Part 2 line 3.372	_____

LAW OFFICE OF DENISE OLRICH
DENISE OLRICH
3558 ROUND BARN BLVD STE 200
SANTA ROSA CA 95403

Part 2 line 3.190

LAWYERS FOR EMPLOYEE AND CONSUMER
RIGHTS
LEENA FANA ESQ
4100 WEST ALAMEDA AVE
3RD FLOOR
BURBANK
CA 91505

Part 2 line 3.363

LAWYERS FOR EMPLOYEE AND CONSUMER
RIGHTS
MATTHEW C BRIGGS ESQ
4100 WEST ALAMEDA AVE
3RD FLOOR
BURBANK
CA 91505

Part 2 line 3.150

LYON LAW PC
GEOFFREY C LYON ES
10960 WILSHIRE BLVD
STE 820
LOS ANGELES
CA 90024-3732

Part 2 line 3.132

SERLIN & WHITEFORD LLP
MARK A SERLIN,ESQ
701 E STREET
SACRAMENTO CA 95814

Part 2 line 3.131

UNITED HEALTHCARE
JAYSON RONNING
ATTN: CDM/BANKRUPTCY
185 ASYLUM STREET 03B
HARTFORD CT 06103

Part 2 line 3.382

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.394

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.401

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.412

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.403

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.420

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.409

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.402

WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.404	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.415	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.400	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.418	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.397	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.422	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.405	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.414	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.419	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.411	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.396	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.395	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.406	_____
WESTERN SURETY COMPANY LEGAL DEPARTMENT 151 NORTH FRANKLIN STREET CHICAGO IL 60606	Part 2 line 3.413	_____

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.416

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.410

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.417

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.399

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.421

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.408

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.407

WESTERN SURETY COMPANY
LEGAL DEPARTMENT
151 NORTH FRANKLIN STREET
CHICAGO IL 60606

Part 2 line 3.398

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

			Total of claim amounts
5a. Total claims from Part 1	5a.		\$224,008.07
5b. Total claims from Part 2	5b.	+	\$6,796,157.22
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$7,020,165.29

Fill in this information to identify the case:**Debtor name:** ANKA Behavioral Health, Incorporated**United States Bankruptcy Court for the:** Northern District of California**Case number (if known):** 19-41025☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. **Title of contract** REAL PROPERTY LEASE (JAY) GIL SUNDEEP S CST
State what the contract or lease is for PATIENT FACILITY LEASE CASA VERDE3 P.O. BOX 2817
DANVILLE CA 94526

Nature of debtor's interest LESSEE**State the term remaining** _____**List the contract number of any government contract** _____

2.2. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State what the contract or lease is for AETNA

Nature of debtor's interest CONTRACT PARTY**State the term remaining** _____**List the contract number of any government contract** _____AETNA
COMMERCIAL INSURANCE
P.O. BOX 14079
LEXINGTON KY 40512-4079

2.3. **Title of contract** EMPLOYEE INSURANCE / BENEFITS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State what the contract or lease is for AFLAC CRITICAL ILLNESS, HOPSITAL PROTECTION, ACCIDENT INS POLICY NO 20555

Nature of debtor's interest CONTRACT PARTY**State the term remaining** _____**List the contract number of any government contract** _____AFLAC
REMITTANCE PROCESSING
1932 WYNNTON RD
COLUMBUS GA 31999-0797

- 2.4. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
AJANI JACKSON
1164 SOUZA WAY
FOLSON CA 95630
- 2.5. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ALICE LIN
240 WILLOW LAKE DRIVE
MARTINEZ CA 94553
- 2.6. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ALLISON DEVERS
715 MADISON ST
ALBANY CA 94706
- 2.7. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE SOCAL VENTURA OFFICE
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
AMA CONSTRUCTION & REAL ESTATE LLC
701 E. SANTA CLARA STREET
VENTURA CA 93001
- 2.8. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT RCEBAMADOR HOME
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract HB0708
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
AMADOR HOME
REGIONAL CENTER
RCEB
500 DAVIS STREET STE. 100
SAN LEANDRO CA 94577

- 2.9. **Title of contract** INSURANCE POLICY
State what the contract or lease is for FLOOD COVERAGE INSURANCE POLICY NO. 74058280152019
Nature of debtor's interest INSURED
State the term remaining 1/15/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
AMERICAN BANKERS INSURANCE COMPANY OF FL
LEGAL DEPARTMENT
731 LEXINGTON AVENUE
NEW YORK NY 10022
- 2.10. **Title of contract** INSURANCE POLICY
State what the contract or lease is for FLOOD COVERAGE INSURANCE POLICY NO. 75058280132019
Nature of debtor's interest INSURED
State the term remaining 1/15/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
AMERICAN BANKERS INSURANCE COMPANY OF FL
LEGAL DEPARTMENT
731 LEXINGTON AVENUE
NEW YORK NY 10022
- 2.11. **Title of contract** INSURANCE POLICY
State what the contract or lease is for FLOOD COVERAGE INSURANCE POLICY NO. 74058280142019
Nature of debtor's interest INSURED
State the term remaining 1/15/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
AMERICAN BANKERS INSURANCE COMPANY OF FL
LEGAL DEPARTMENT
731 LEXINGTON AVENUE
NEW YORK NY 10022
- 2.12. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ANDREA BATES
316 CALIFORNIA AVE # 107
RENO NV 89509
- 2.13. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for ANKA AKRON VETERANS
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ANKA AKRON VETERANS
DEPT. OF VETERANS
ADMINISTRATION
FINANCIALS SERVICES CENTER
P.O. BOX 149971
AUSTIN TX 78714-9971

- 2.14. **Title of contract** DEBT AGREEMENT
- State what the contract or lease is for** GUARANTEE
- Nature of debtor's interest** BORROWER
- State the term remaining** _____
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- ANKA MHSA HOLDING COMPANY, LLC
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- 2.15. **Title of contract** CREDIBLE PAYOR
- State what the contract or lease is for** ANTHEM BLUE CROSS
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** _____
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- ANTHEM BLUE CROSS
COMMERCIAL INSURANCE
P.O. BOX 60007
LOS ANGELES CA 90060-0007
- 2.16. **Title of contract** REAL PROPERTY LEASE
- State what the contract or lease is for** PATIENT FACILITY LEASE SOCAL HEMET OFFICE
- Nature of debtor's interest** LESSEE
- State the term remaining** _____
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- 2.17. **Title of contract** REAL PROPERTY LEASE
- State what the contract or lease is for** PATIENT FACILITY LEASE FLORA
- Nature of debtor's interest** LESSEE
- State the term remaining** _____
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- 2.18. **Title of contract** REAL PROPERTY LEASE
- State what the contract or lease is for** PATIENT FACILITY LEASE AKRON VETERANS
- Nature of debtor's interest** LESSEE
- State the term remaining** _____
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523

- 2.19. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE BARBARA LANE
- Nature of debtor's interest** LESSEE AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.20. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE CASA SAN JOAQUIN
- Nature of debtor's interest** LESSEE AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.21. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE CASA VALLEJO
- Nature of debtor's interest** LESSEE AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.22. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE DON BROWN SHELTER
- Nature of debtor's interest** LESSEE AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.23. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE LINDERO
- Nature of debtor's interest** LESSEE AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.24. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE MHSA3
- Nature of debtor's interest** LESSEE AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.25. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE MHSA -1
- Nature of debtor's interest** LESSEE AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.26. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE MHSA -2
- Nature of debtor's interest** LESSEE AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.27. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE NEVIN HOUSE
- Nature of debtor's interest** LESSEE AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.28. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE RANCHO ART
- Nature of debtor's interest** LESSEE AP&H
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.29. **Title of contract** DEBT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GUARANTEE
- Nature of debtor's interest** BORROWER AP&H, INC.
3480 BUSKIRK AVE
STE 300
PLEASANT HILL CA 94523
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.30. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDICAL STAFF AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY ARI HARRISON
1055 W. COLLEGE AVE # 401
SANTA ROSA CA 95401
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.31. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDICAL STAFF AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY ARISA WONGJODSRI
1744 TRUMPET DRIVE
REDDING CA 96003
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.32. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RESIDENTIAL TREATMENT TCRCARROYO GRANDE
- Nature of debtor's interest** CONTRACT PARTY ARROYO GRANDE
REGIONAL CENTER
TCRC
520 E. MONTECITO STREET
SANTA BARBARA CA 93103
- State the term remaining** _____
- List the contract number of any government contract** HT0539
- 2.33. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDICAL STAFF AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY ASHLEY CYRONAK
13412 PANTERA RD.
SAN DIEGO CA 91230
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.34. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for MANAGEMENT SERVICES-DAY PROGRAM AMADOR TRI VALLEY
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract HB0709
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ATV
REGIONAL CENTER
REGIONAL CENTER OF THE EASTY BAY
500 DAVIS STREET STE. 100
SAN LEANDRO CA 94577
- 2.35. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE CASA OAKVIEW
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
BACON HOUSE INC
10 TIANA TER
LAFAYETTE CA 94549
- 2.36. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for LAPRCBARBARA LANE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
BARBARA LANE (LA)
REGIONAL CENTER
DEPT OF CHILDREN & FAMILY
425 SHATTO PLACE
LOS ANGELES CA 90020
- 2.37. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT SGPRC BARBARA LANE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract PP4367
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
BARBARA LANE (SG)
REGIONAL CENTER
SAN GABRIEL/POMONA REGNAL CENTER
75 RANCHO CAMINO DRIVE
POMONA CA 91766
- 2.38. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT DCSF BARBARA LANE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract 138414
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
BARBARA LANE/DCFS
REGIONAL CENTER
9200 OAKDALE AVE
STE. 100
CHATSWORTH CA 91311

- 2.39. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE SERENITY
- Nature of debtor's interest** LESSEE BAY AREA HOUSING CORP
101 CHURCH ST
STE 4
LOS GATOS CA 95030
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.40. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE SYCAMORE
- Nature of debtor's interest** LESSEE BAY AREA HOUSING CORP
101 CHURCH ST
STE 4
LOS GATOS CA 95030
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.41. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE TRANQUILITY
- Nature of debtor's interest** LESSEE BAY AREA HOUSING CORP
101 CHURCH ST
STE 4
LOS GATOS CA 95030
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.42. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** NBRCBECK LANE
- Nature of debtor's interest** CONTRACT PARTY BECK LANE
REGIONAL CENTER
610 AIRPARK BLVD
NAPA CA 94558
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.43. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE CALTRANS SANTA CLARA
- Nature of debtor's interest** LESSEE BEN CAPUTO
1660 MONTEREY ST
RICHMOND CA 94804
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.44. **Title of contract** INSURANCE POLICY
State what the contract or lease is for WORKERS COMPENSATION INSURANCE POLICY NO. ANWC922507
Nature of debtor's interest INSURED
State the term remaining 7/1/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
BERKSHIRE HATHAWAY
HOMESTATE COMPANIES
STAN MORRISON
PO BOX 881236
SAN FRANCISCO CA 94188
- 2.45. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE STAR VETS3
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
BLAI LP
4155 BLACKHAWK PLZ CIR
DANVILLE CA 94506
- 2.46. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for BLUE SHIELD OF CALIFORNIA
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
BLUE SHIELD OF CA
COMMERCIAL INSURANCE
P.O. BOX 1505
RED BLUFF CA 96080-1505
- 2.47. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE STOP PLUS5
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
BRIAN BAYLISS
51 RED CYPRESS CT
DANVILLE CA 94506
- 2.48. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE CASA ROHNERT PARK
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
BRIAN DRISCOLL
6908 SIERRA CT STE A
DUBLIN CA 94568

- 2.49. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE HOPE SOLANO AOD
- Nature of debtor's interest** LESSEE BRIAN F. BAYLES
51 RED CYPRESS CT
DANVILLE CA 94506
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.50. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE BECK LANE
- Nature of debtor's interest** LESSEE BRILLIANT CORNERS
390 MARKET ST #405
SAN FRANCISCO CA 94102
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.51. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE LA PUENTE VILLA
- Nature of debtor's interest** LESSEE BRILLIANT CORNERS
390 MARKET ST #405
SAN FRANCISCO CA 94102
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.52. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE MAPLE HOUSE
- Nature of debtor's interest** LESSEE BRILLIANT CORNERS
390 MARKET ST #405
SAN FRANCISCO CA 94102
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.53. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE PARKS LANE
- Nature of debtor's interest** LESSEE BRILLIANT CORNERS
390 MARKET ST #405
SAN FRANCISCO CA 94102
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.54. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE WYOMING HOUSE
- Nature of debtor's interest** LESSEE **BRILLIANT CORNERS**
- State the term remaining** _____ **390 MARKET ST #405**
- List the contract number of any government contract** _____ **SAN FRANCISCO CA 94102**
- 2.55. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** VOCATIONAL SERVICES CAL TRANS SANTA CLARA
- Nature of debtor's interest** CONTRACT PARTY **CAL TRANS S.C.**
- State the term remaining** 8/31/2021 **FEDERAL OTHER**
- List the contract number of any government contract** 04A5508 **ATTN. EARL R SHERMAN III**
- FOSTER CITY CA 94404-1105**
- 2.56. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE CLOVER CREEK
- Nature of debtor's interest** LESSEE **CALIFORNIA HOUSING**
- State the term remaining** _____ **FOUNDATION**
- List the contract number of any government contract** _____ **1200 CALIFORNIA ST # 104**
- REDLANDS CA 92374**
- 2.57. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE SHASTA VIEW
- Nature of debtor's interest** LESSEE **CALIFORNIA HOUSING**
- State the term remaining** _____ **FOUNDATION**
- List the contract number of any government contract** _____ **1200 CALIFORNIA ST # 104**
- REDLANDS CA 92374**
- 2.58. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE SOUTH HILLS
- Nature of debtor's interest** LESSEE **CALIFORNIA HOUSING**
- State the term remaining** _____ **FOUNDATION**
- List the contract number of any government contract** _____ **1200 CALIFORNIA ST # 104**
- REDLANDS CA 92374**

- 2.59. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for EQUIPMENT LEASE
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CANON FINANCIAL SERVICES, INC.
14904 COLLECTIONS CTR DR
CHICAGO IL 60693-0149
- 2.60. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE CASA CARMICHAEL
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CAP GROW HOLDING JV SUB II LLC
320 WEST OHIO ST
STE 650
CHICAGO IL 60654
- 2.61. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE VISTA POINT
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CAP GROW HOLDING JV SUB III LLC
320 WEST OHIO ST
STE 650
CHICAGO IL 60654
- 2.62. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE EVERGREEN
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CAPGROW HOLDING JV SUB II LLC
320 WEST OHIO ST
STE 650
CHICAGO IL 60654
- 2.63. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE ZOOK
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CAPGROW HOLDING JV SUB II LLC
320 WEST OHIO ST
STE 650
CHICAGO IL 60654

- 2.64. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE COTTONTAIL HOUSE
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CAPGROW HOLDING JV SUB IV LLC
320 WEST OHIO ST
STE 650
CHICAGO IL 60654
- 2.65. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CAREY MARTIN
1112 LANDING LANE
MILLBRAE CA 94030
- 2.66. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE LODI
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CARMELITA PINEDA
DBA ROSEWOOD MANOR
9921 KAPALUA LN
ELK GROVE CA 95624
- 2.67. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for DEPT OF VETERANS AFFAIRS
Nature of debtor's interest CONTRACT PARTY
State the term remaining 6/30/2019
List the contract number of any government contract 612-C90150 + 612-C90037
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CASA VERDE
VETERANS ADMINISTRATION
GPD FIELD OFFICE
10770 NORTH 6TH ST STE. C-200
TAMPA FL 33617
- 2.68. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for ADMHOP CCC CBO INTERNS
Nature of debtor's interest CONTRACT PARTY
State the term remaining 10/31/2019
List the contract number of any government contract 74-410-7
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CCC- CBO INTERNS
COUNTY
EDNEY SUISALA
50 DOUGLAS DRIVE
SUITE 320A
MARTINEZ CA 94553

- 2.69. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BEHAVIORAL & MENTAL HEALTH CCCANKA FORENSIC
- Nature of debtor's interest** CONTRACT PARTY CCCANKA FORENSIC COUNTY
- State the term remaining** 6/30/2019 STEPHANIE CHENARD
- List the contract number of any government contract** 74-505-3 1340 ARNOLD DRIVE, STE. 200
MARTINEZ CA 94553
- 2.70. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SUBSTANCE ABUSE & MENTAL HEALTH CCC-HOMELESS (DON BROWN)
- Nature of debtor's interest** CONTRACT PARTY CCC-HOMELESSDON BROWN COUNTY
- State the term remaining** 6/30/2019 HELEN KEARNS
- List the contract number of any government contract** 24-385-45 1340 ARNOLD DRIVE #200
MARTINEZ CA 94553
- 2.71. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BEHAVIORAL & MENTAL HEALTH CCC-MH GENERAL
- Nature of debtor's interest** CONTRACT PARTY CCC-MH GENERAL COUNTY
- State the term remaining** 6/30/2019 DEPARTMENT OF MENTAL HEALTH
- List the contract number of any government contract** 24-751-86 1340 ARNOLD DRIVE #200
MARTINEZ CA 94553
- 2.72. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDICAL STAFF AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY CELIA WOODS
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.73. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDICAL STAFF AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY CHARLES KAIRYS
- State the term remaining** _____ 3625 E. THOUSAND OAKS BLVD # 209
- List the contract number of any government contract** _____ WESTLAKE VILLAGE CA 91362

- 2.74. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CIGNA
- Nature of debtor's interest** CONTRACT PARTY CIGNA
COMMERCIAL INSURANCE
- State the term remaining** _____ P.O. BOX 981709
EL PASO TX 79998-1709
- List the contract number of any government contract** _____
- 2.75. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT
- Nature of debtor's interest** LESSEE CISCO SYSTEMS CAPITAL CORPORATION
1111 OLD SCHOOL ROAD
WAYNE PA 19087
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.76. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RESIDENTIAL TREATMENT FNRC CLOVER CREEK
- Nature of debtor's interest** CONTRACT PARTY CLOVER CREEK
REGIONAL CENTER
FNRC
- State the term remaining** _____ 1900 CHURN CREEK ROAD STE. 319
REDDING CA 96002
- List the contract number of any government contract** PF4911
- 2.77. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ADSAOP CONTRA COSTA COUNTY (POWER)
- Nature of debtor's interest** CONTRACT PARTY CONTRA COSTA COUNTY (POWER)
COUNTY
- State the term remaining** 6/30/2019 CCC ALCOHOL AND DRUG
SERVICES
- List the contract number of any government contract** 74-196-19 1220 MORELLO AVE, STE. 200
MARTINEZ CA 94553
- 2.78. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE WEST POWER
- Nature of debtor's interest** LESSEE CONTRA COSTA COUNTY GENERAL
SERVICES DEPARTMENT
- State the term remaining** _____ 1220 MORELLO AVE
STE 100
- List the contract number of any government contract** _____ MARTINEZ CA 94553

- 2.79. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE POWER CENTRAL
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CONTRA COSTA COUNTY PUBLIC WORKS
255 GLACIER DRIVE
MARTINEZ CA 94553-4825
- 2.80. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for CONTRA COSTA COUNTY (PUBLIC WORKS)
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
CONTRA COSTA MARTINEZ LANDSC STATE OTHER
ATTN. STEVE VOORHIES
255 GLACIER DR
MARTINEZ CA 94553
- 2.81. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT SGPRCCOTTONTAIL
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract PP1121
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
COTTONTAIL REGIONAL CENTER
SAN GABRIEL/POMONA REGNAL CENTER
761 CORPORATE CENTER DR
POMONA CA 91768
- 2.82. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for CHILD & ADOLSCENT CRISIS RESIDENTAL TREATMENT IRCCOTTONTAIL
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract PP1121
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
COTTONTAIL IRC REGIONAL CENTER
1365 SOUTH WATERMAN AVENUE
SAN BERNADINO CA 92408
- 2.83. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE RANCHO DESERT
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
COUNTY OF RIVERSIDE
DEPARTMENT OF MENTAL HEALTH
1688 NORTH PERRIS BLVD
SUITE L7-11
PERRIS CA 92571

- 2.84. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE SANTA MARIA CRT
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
COUNTY OF SANTA BARBARA ADM
HEALTH SVCS
300 SAN ANTONIO RD
SANTA BARBARA CA 93110
- 2.85. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE SANTA BARBARA CRT
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
COUNTY OF SANTA BARBARA ADM
HEALTH SVCS
300 SAN ANTONIO RD
SANTA BARBARA CA 93110
- 2.86. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
DANIEL ANDERSON
353 DATE AVENUE
CARLSBAD CA 92008
- 2.87. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
DARREN LEMONS
2001 ELKINS PLACE
ARCADIA CA 91006
- 2.88. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT DCSF EVERGREEN
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract 497303
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
DCSF EVERGREEN
REGIONAL CENTER
15400 SHERMAN WAY
STE. 170
CAN NUYS CA 91403

- 2.89. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
DEBORAH RAPHAEL
1053 RACHELE ROAD
WALNUT CREEK CA 94597
- 2.90. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for COMPUTER EQUIPMENT
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
DELL FINANCIAL SERVICES L.L.C.
1850 GATEWAY BLVD
STE 900
CONCORD CA 94520
- 2.91. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE STOP PLUS3
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
DELTY REALTY GROUP
1299 OLIVER RD
FAIRFIELD CA 94534
- 2.92. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE STOP PLUS4
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
DELTY REALTY GROUP
1299 OLIVER RD
FAIRFIELD CA 94534
- 2.93. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RIVERSIDE COUNTY (DESERT CRT)
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
DESERT CRT
COUNTY
DEPARTMENT OF MENTAL HEALTH
47-825 OASIS STREET
INDIO CA 92201

- 2.94. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for CORPORATE OFFICE LEASE
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
DESSAULT SYSTEMS AMERICAS CORP
175 WYMAN STREET
WALTHAM MA 02451
- 2.95. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for EAST LOS ANGELES REGIONAL CENTER
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
EAST LOS ANGELES REGIONAL CENTER
REGIONAL CENTER
1000 S FREMONT AVENUE
PO BOX 7916
ALHAMBRA CA 91802
- 2.96. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB36F1104467
Nature of debtor's interest LESSEE
State the term remaining 11/17/2018
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.97. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 ACURA RLX VIN # JH4KC1F57GC001601
Nature of debtor's interest LESSEE
State the term remaining 11/30/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.98. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 CHEVROLET EXPRESS 3500 VIN # 1GAZGPGF9H1173062
Nature of debtor's interest LESSEE
State the term remaining 12/20/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

2.99.	Title of contract	VEHICLE LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ENTERPRISE FLEET SVC MICHAEL KERBEY CUSTOMER BILLING PO BOX 800089 KANSAS CITY MO 64180-0089
	State what the contract or lease is for	LEASE OF 2016 CHEVROLET EXPRESS 3500 VIN # 1GAZGPGG2G1271008	
	Nature of debtor's interest	LESSEE	
	State the term remaining	12/20/2021	
	List the contract number of any government contract	_____	
2.100.	Title of contract	VEHICLE LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ENTERPRISE FLEET SVC MICHAEL KERBEY CUSTOMER BILLING PO BOX 800089 KANSAS CITY MO 64180-0089
	State what the contract or lease is for	LEASE OF 2016 CHEVROLET EXPRESS 3500 VIN # 1GAZGPGG4G1302467	
	Nature of debtor's interest	LESSEE	
	State the term remaining	12/20/2021	
	List the contract number of any government contract	_____	
2.101.	Title of contract	VEHICLE LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ENTERPRISE FLEET SVC MICHAEL KERBEY CUSTOMER BILLING PO BOX 800089 KANSAS CITY MO 64180-0089
	State what the contract or lease is for	LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB32F1104806	
	Nature of debtor's interest	LESSEE	
	State the term remaining	11/4/2019	
	List the contract number of any government contract	_____	
2.102.	Title of contract	VEHICLE LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ENTERPRISE FLEET SVC MICHAEL KERBEY CUSTOMER BILLING PO BOX 800089 KANSAS CITY MO 64180-0089
	State what the contract or lease is for	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG5FR736851	
	Nature of debtor's interest	LESSEE	
	State the term remaining	11/29/2019	
	List the contract number of any government contract	_____	
2.103.	Title of contract	VEHICLE LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ENTERPRISE FLEET SVC MICHAEL KERBEY CUSTOMER BILLING PO BOX 800089 KANSAS CITY MO 64180-0089
	State what the contract or lease is for	LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG6FR549652	
	Nature of debtor's interest	LESSEE	
	State the term remaining	11/29/2019	
	List the contract number of any government contract	_____	

- 2.104. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 FORD TRANSIT-350 VIN # 1FBZX2CG1GKA53154
Nature of debtor's interest LESSEE
State the term remaining 2/4/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.105. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 FORD TRANSIT-350 VIN # 1FBZX2CG4GKA49549
Nature of debtor's interest LESSEE
State the term remaining 2/4/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.106. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2014 DODGE GRAND CARAVAN VIN # 2C4RDGBG5ER422048
Nature of debtor's interest LESSEE
State the term remaining 2/4/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.107. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG9FR557549
Nature of debtor's interest LESSEE
State the term remaining 1/6/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.108. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG2FR635797
Nature of debtor's interest LESSEE
State the term remaining 1/6/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

- 2.109. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG9FR574884
Nature of debtor's interest LESSEE
State the term remaining 1/6/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.110. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG0FR613202
Nature of debtor's interest LESSEE
State the term remaining 1/31/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.111. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG4FR569883
Nature of debtor's interest LESSEE
State the term remaining 1/31/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.112. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG7FR607462
Nature of debtor's interest LESSEE
State the term remaining 1/31/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.113. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG0FR549744
Nature of debtor's interest LESSEE
State the term remaining 1/31/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

- 2.114. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG9FR512935
Nature of debtor's interest LESSEE
State the term remaining 1/31/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.115. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG5FR542398
Nature of debtor's interest LESSEE
State the term remaining 1/31/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.116. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG0FR543331
Nature of debtor's interest LESSEE
State the term remaining 2/2/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.117. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG9FR568146
Nature of debtor's interest LESSEE
State the term remaining 2/2/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.118. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG0FR557553
Nature of debtor's interest LESSEE
State the term remaining 2/2/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

- 2.119. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG2FR569705
Nature of debtor's interest LESSEE
State the term remaining 2/3/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.120. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG1FR608428
Nature of debtor's interest LESSEE
State the term remaining 2/5/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.121. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 FORD TRANSIT-350 VIN # 1FBAX2CM2FKA17202
Nature of debtor's interest LESSEE
State the term remaining 6/25/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.122. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG6FR580948
Nature of debtor's interest LESSEE
State the term remaining 6/28/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.123. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG2FR643706
Nature of debtor's interest LESSEE
State the term remaining 6/29/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

- 2.124. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG3FR607474
Nature of debtor's interest LESSEE
State the term remaining 6/29/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.125. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG3FR633816
Nature of debtor's interest LESSEE
State the term remaining 6/29/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.126. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB39F1584262
Nature of debtor's interest LESSEE
State the term remaining 7/21/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.127. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB30F1580942
Nature of debtor's interest LESSEE
State the term remaining 7/21/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.128. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB35F1090786
Nature of debtor's interest LESSEE
State the term remaining 7/2/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

- 2.129. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB39F1581989
Nature of debtor's interest LESSEE
State the term remaining 7/21/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.130. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB32F1578741
Nature of debtor's interest LESSEE
State the term remaining 7/21/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.131. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB37F1086934
Nature of debtor's interest LESSEE
State the term remaining 7/21/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.132. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 TOYOTA PRIUS C VIN # JTDKDTB33F1583656
Nature of debtor's interest LESSEE
State the term remaining 7/21/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.133. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 FORD F-150 VIN # 1FTEW1CP3FKE11067
Nature of debtor's interest LESSEE
State the term remaining 8/20/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

- 2.134. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 FORD TRANSIT-350 VIN # 1FBZX2CG3FKA75252
Nature of debtor's interest LESSEE
State the term remaining 9/30/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.135. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG8GR117307
Nature of debtor's interest LESSEE
State the term remaining 11/29/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.136. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 DODGE GRAND CARAVAN VIN # 2C4RDGBG4FR748022
Nature of debtor's interest LESSEE
State the term remaining 11/29/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.137. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG5GR102196
Nature of debtor's interest LESSEE
State the term remaining 11/29/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
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MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.138. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG2GR125788
Nature of debtor's interest LESSEE
State the term remaining 11/29/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
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2.139.	Title of contract	VEHICLE LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	LEASE OF 2016 TOYOTA SIENNA VIN # 5TDKK3DC4GS700734	
	Nature of debtor's interest	LESSEE	ENTERPRISE FLEET SVC MICHAEL KERBEY CUSTOMER BILLING PO BOX 800089 KANSAS CITY MO 64180-0089
	State the term remaining	3/9/2021	
	List the contract number of any government contract	_____	
2.140.	Title of contract	VEHICLE LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG9GR227489	
	Nature of debtor's interest	LESSEE	ENTERPRISE FLEET SVC MICHAEL KERBEY CUSTOMER BILLING PO BOX 800089 KANSAS CITY MO 64180-0089
	State the term remaining	4/6/2021	
	List the contract number of any government contract	_____	
2.141.	Title of contract	VEHICLE LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG7GR227488	
	Nature of debtor's interest	LESSEE	ENTERPRISE FLEET SVC MICHAEL KERBEY CUSTOMER BILLING PO BOX 800089 KANSAS CITY MO 64180-0089
	State the term remaining	4/24/2021	
	List the contract number of any government contract	_____	
2.142.	Title of contract	VEHICLE LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG2GR220240	
	Nature of debtor's interest	LESSEE	ENTERPRISE FLEET SVC MICHAEL KERBEY CUSTOMER BILLING PO BOX 800089 KANSAS CITY MO 64180-0089
	State the term remaining	4/24/2021	
	List the contract number of any government contract	_____	
2.143.	Title of contract	VEHICLE LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	LEASE OF 2016 FORD TRANSIT-350 VIN # 1FBZX2CG5GKA40990	
	Nature of debtor's interest	LESSEE	ENTERPRISE FLEET SVC MICHAEL KERBEY CUSTOMER BILLING PO BOX 800089 KANSAS CITY MO 64180-0089
	State the term remaining	5/26/2021	
	List the contract number of any government contract	_____	

- 2.144. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG4GR220238
Nature of debtor's interest LESSEE
State the term remaining 9/7/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.145. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG4GR256284
Nature of debtor's interest LESSEE
State the term remaining 10/4/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.146. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG6GR399110
Nature of debtor's interest LESSEE
State the term remaining 10/13/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.147. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG3GR266515
Nature of debtor's interest LESSEE
State the term remaining 10/13/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.148. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG4GR146948
Nature of debtor's interest LESSEE
State the term remaining 10/13/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

- 2.149. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG1GR125796
Nature of debtor's interest LESSEE
State the term remaining 10/13/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.150. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG8GR399528
Nature of debtor's interest LESSEE
State the term remaining 10/20/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.151. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 DODGE GRAND CARAVAN VIN # 2C4RDGBG4GR357860
Nature of debtor's interest LESSEE
State the term remaining 10/20/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.152. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDZZ3DC3HS822612
Nature of debtor's interest LESSEE
State the term remaining 4/11/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.153. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DC0HS872997
Nature of debtor's interest LESSEE
State the term remaining 8/28/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

- 2.154. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DCXHS866835
Nature of debtor's interest LESSEE
State the term remaining 8/28/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.155. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DC7HS874939
Nature of debtor's interest LESSEE
State the term remaining 8/28/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.156. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DC1HS852418
Nature of debtor's interest LESSEE
State the term remaining 8/30/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.157. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DC8HS894505
Nature of debtor's interest LESSEE
State the term remaining 10/23/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.158. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDZZ3DC2HS885037
Nature of debtor's interest LESSEE
State the term remaining 10/25/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
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KANSAS CITY MO 64180-0089

- 2.159. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDKZ3DC2HS847163
Nature of debtor's interest LESSEE
State the term remaining 11/20/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.160. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDZZ3DC4HS876923
Nature of debtor's interest LESSEE
State the term remaining 12/19/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.161. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDZZ3DC5HS876445
Nature of debtor's interest LESSEE
State the term remaining 12/21/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.162. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 FORD TRANSIT-350 VIN # 1FBZX2ZM5HKA59831
Nature of debtor's interest LESSEE
State the term remaining 1/9/2023
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.163. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 FORD TRANSIT-350 VIN # 1FBZX2ZM9FKA58923
Nature of debtor's interest LESSEE
State the term remaining 4/8/2023
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
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MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

- 2.164. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2016 FORD TRANSIT-350 VIN # 1FBZX2ZM3GKA89456
Nature of debtor's interest LESSEE
State the term remaining 4/25/2023
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.165. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2015 FORD TRANSIT-350 VIN # 1FBZX2ZM7FKB22439
Nature of debtor's interest LESSEE
State the term remaining 4/25/2023
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.166. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2017 TOYOTA SIENNA VIN # 5TDZZ3DC9HS877971
Nature of debtor's interest LESSEE
State the term remaining 6/28/2023
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.167. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2018 TOYOTA SIENNA VIN # 5TDKZ3DC2JS941503
Nature of debtor's interest LESSEE
State the term remaining 6/30/2023
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.168. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2019 FORD TRANSIT-150 VIN # 1FMZK1CMXKKA07210
Nature of debtor's interest LESSEE
State the term remaining 11/18/2023
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
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MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089

- 2.169. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2019 FORD TRANSIT-150 VIN # 1FMZK1CM3KKA07209
Nature of debtor's interest LESSEE
State the term remaining 11/19/2023
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.170. **Title of contract** VEHICLE LEASE AGREEMENT
State what the contract or lease is for LEASE OF 2014 FORD E-150 VIN # 1FMNE1BW9EDA03618
Nature of debtor's interest LESSEE
State the term remaining 11/7/2019
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ENTERPRISE FLEET SVC
MICHAEL KERBEY CUSTOMER
BILLING
PO BOX 800089
KANSAS CITY MO 64180-0089
- 2.171. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE AMADOR TRI VALLEY
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ERIC BACA BACA PROPERTIES
PO BOX 392
LIVERMORE CA 94551
- 2.172. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE ORCHARD LANE
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ERIC ERICKSON
39 ADELINE DR
WALNUT CREEK CA 94596
- 2.173. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE PRISCILLA LANE
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ERIC ERICKSON
39 ADELINE DR
WALNUT CREEK CA 94596

- 2.174. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE WESTON RANCH
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ERIC ERICKSON
39 ADELINE DR
WALNUT CREEK CA 94596
- 2.175. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ERICA WINN
P.O. BOX 22462
SACRAMENTO CA 95822
- 2.176. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT ELARCEVELYN HOME (ADULTS)
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract PE2492-93
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
EVELYN HOME
REGIONAL CENTER
SALVADOR CRUZ
636 S FETTERLY AVENUE
LOS ANGELES CA 90022
- 2.177. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT FAR NORTHERN REGIONAL CENTER
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
FAR NORTHERN REGIONAL
CENTER
REGIONAL CENTER
1900 CHURN CREEK ROAD
SUITE 319
REDDING CA 96002
- 2.178. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE STAR VETS -4
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
FARHAD AFLATOONI
40 DIABLO VIEW CT
DANVILLE CA 94506

- 2.179. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FRANK D LANTERMAN REGIONAL CENTER
- Nature of debtor's interest** CONTRACT PARTY FDL REGIONAL CENTER
REGIONAL CENTER
3303 WILSHIRE BLVD.
STE. 700
LOS ANGELES CA 90010-1710
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.180. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RESIDENTIAL TREATMENT FDLRCEVERGREEN
- Nature of debtor's interest** CONTRACT PARTY FDLRC EVERGREEN
REGIONAL CENTER
3303 WILSHIRE BLVD
STE. 700
LOS ANGELES CA 90010
- State the term remaining** _____
- List the contract number of any government contract** PD3650
- 2.181. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDICAL STAFF AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY FREDDA LEITER
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.182. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CRISIS RESIDENTIAL TREATMENT FRESNO JUVENILE
COMM SERVICE WORK PROGRAM
- Nature of debtor's interest** CONTRACT PARTY FRESNO PROBATION
COUNTY
COUNTY OF FRESNO PROBATION
DPT
3333 EAST AMERICAN AVE, STE. B
FRESNO CA 93725
- State the term remaining** 6/30/2019
- List the contract number of any government contract** 15-217
- 2.183. **Title of contract** EQUIPMENT LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT
- Nature of debtor's interest** LESSEE GENERAL ELECTRIC CAPITAL
CORPORATION
PO BOX 35701
BILLINGS MT 59107-5701
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.184. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT RCEBGLEN EDEN
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract HB0857
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GLEN EDEN
REGIONAL CENTER
RCEB
500 DAVIS STREET STE. 100
SAN LEANDRO CA 94577
- 2.185. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GLICELDA VELASCO
1271 SANTONA CT
MANTECA CA 95337
- 2.186. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for OFFICE TRAILER LEASE AGREEMENT
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GOLDEN OFFICE TRAILER
18527 GRAND AVE
LAKE ELSINORE CA 92530
- 2.187. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE HAYWARD HILLS
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
HALLMARK COMMUNITY SVC
1242 MARKET ST
3RD FLOOR
SAN FRANCISCO CA 94102
- 2.188. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT RCEBHAYWARD HILLS
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract HB0798
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
HAYWARD HILLS
REGIONAL CENTER
RCEB
500 DAVIS STREET STE. 100
SAN LEANDRO CA 94577

- 2.189. **Title of contract** SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INFORMATION TECHNOLOGY
- Nature of debtor's interest** CONTRACT PARTY HEALTH INFORMATION TECHNOLOGY CARE, LLC
775 BAYWOOD DRIVE
SUITE 314
PETALUMA CA 94954
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.190. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDICAL STAFF AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY HERMAN ATHWAL
44621 GABRIELINO TERRACE
FREMONT CA 94539
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.191. **Title of contract** INSURANCE POLICY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CYBER LIABILITY INSURANCE POLICY NO. MPL183963518
- Nature of debtor's interest** INSURED HISCOX INSURANCE COMPANY INC
LEGAL DEPARTMENT
104 SOUTH MICHIGAN AVENUE
STE 600
CHICAGO IL 60603-5950
- State the term remaining** 7/1/2019
- List the contract number of any government contract** _____
- 2.192. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE PHOENIX ENTERPRISES
- Nature of debtor's interest** LESSEE HOFFMAN PLASTERING CO
JONATHAN KENDLER
3000 OAK RD
STE 360
WALNUT CREEK CA 94597
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.193. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE STAR VETS -5
- Nature of debtor's interest** LESSEE HOFMAN HOLDINGS LP
3000 OAK RD
STE 360
WALNUT CREEK CA 94597
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.194. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE STAR VETS -7
- Nature of debtor's interest** LESSEE HOFMAN HOLDINGS LP
3000 OAK RD
STE 360
WALNUT CREEK CA 94597
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.195. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE STAR VETS -8
- Nature of debtor's interest** LESSEE HOFMAN HOLDINGS LP
3000 OAK RD
STE 360
WALNUT CREEK CA 94597
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.196. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** HOPE CONCORD (PRE)
- Nature of debtor's interest** CONTRACT PARTY HOPE CONCORD (PRE)
FEDERAL OTHER
ATTN. KAREN SULLIVAN
1301 CLAY STREET, STE. 100C
OAKLAND CA 94612
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.197. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** HOPE CONCORD (PRO)
- Nature of debtor's interest** CONTRACT PARTY HOPE CONCORD (PRO)
FEDERAL OTHER
450 GOLDEN GATE AV STE. 17-6884
P.O. BOX 36057
SAN FRANCISCO CA 94102-7541
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.198. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT
- Nature of debtor's interest** CONTRACT PARTY HUD-STOP- PLUS
FEDERAL OTHER
COMM. & DEVPMT- HUD S.F.
REGIONAL OFFICE
600 HARRISON STREET, 3RD
FLOOR
SAN FRANCISCO CA 94107-1387
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.199. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for HUMANA, INC.
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
HUMANA, INC.
COMMERCIAL INSURANCE
P.O. BOX 14601
LEXINGTON CA 40512-4601
- 2.200. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE FRESNO CSWP
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
JAMES E. RICHARDSON
8511 N. RIO LINDA AVENUE
FRESNO CA 93711
- 2.201. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
JENNIFER FORBESS
- 2.202. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
JERYL GIRTON
866 SANTA CRUZ DR
PLEASANT HILL CA 94523
- 2.203. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
JOAN RIPPNER
921 TENTH ST UNIT 115
SANTA MONICA CA 90403

- 2.204. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
JUDITH MONDRY-BERK
- 2.205. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for KAISER PERMANENTE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
KAISER KP
KAISER
2829 WATT AVE
STE. 130
SACRAMENTO CA 95821
- 2.206. **Title of contract** EMPLOYEE INSURANCE / BENEFITS
State what the contract or lease is for KAISER DHMO POLICY NO NCA: 605813
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
KAISER PERMANENTE
STUART BUTTLAIRE PHD
CASA FREMONT
1950 FRANKLIN ST
4TH FL
OAKLAND CA 94612
- 2.207. **Title of contract** EMPLOYEE INSURANCE / BENEFITS
State what the contract or lease is for KAISER DHMO POLICY NO SCA: 233793
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
KAISER PERMANENTE
STUART BUTTLAIRE PHD
CASA FREMONT
1950 FRANKLIN ST
4TH FL
OAKLAND CA 94612
- 2.208. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for CRISIS RESIDENTAL TREATMENT KAISER PERMANENTE SELF-FUNDED
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
KAISER PERMANENTE SELF-FUNDED
KAISER
PO BOX 30547
SALT LAKE CITY UT 84130

2.209.	Title of contract	REAL PROPERTY LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease KMF CONCORD LLC 948 SAN SIMEON DR CONCORD CA 94521
	State what the contract or lease is for	PATIENT FACILITY LEASE STAR VETS -6	
	Nature of debtor's interest	LESSEE	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.210.	Title of contract	CREDIBLE PAYOR	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease KP CARMICHAEL COMMERCIAL INSURANCE 2829 WATT AVE SUITE 130 SACRAMENTO CA 95821
	State what the contract or lease is for	CHILD & ADOLENCECENT CRISIS RESIDENTAL TREATMENT KAISER PERMANENTE CARMICHAEL	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.211.	Title of contract	CREDIBLE PAYOR	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease KP FREMONT COMMERCIAL INSURANCE 2829 WATT AVE SUITE 130 SACRAMENTO CA 95821
	State what the contract or lease is for	CHILD & ADOLENCECENT CRISIS RESIDENTAL TREATMENT KAISER PERMANENTE FREMONT	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.212.	Title of contract	CREDIBLE PAYOR	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease KP OAK VIEW KAISER 2829 WATT AVE SUITE 130 SACRAMENTO CA 95821
	State what the contract or lease is for	ED KAISER PERMANENTE OAK VIEW	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.213.	Title of contract	CREDIBLE PAYOR	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease KP PHOENIX KAISER 2829 WATT AVE SUITE 130 SACRAMENTO CA 95821
	State what the contract or lease is for	CRISIS RESIDENTAL TREATMENT KAISER PERMANENTE PHOENIX	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	_____	

- 2.214. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CRISIS RESIDENTIAL TREATMENT KAISER PERMANENTE ROHNERT PARK
- Nature of debtor's interest** CONTRACT PARTY KP ROHNERT PARK
KAISER
- State the term remaining** _____ 2829 WATT AVE
SUITE 130
- List the contract number of any government contract** _____ SACRAMENTO CA 95821
- 2.215. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CRISIS RESIDENTIAL TREATMENT KAISER PERMANENTE SAN JOAQUIN
- Nature of debtor's interest** CONTRACT PARTY KP SAN JOAQUIN
KAISER
- State the term remaining** _____ 2829 WATT AVE
SUITE 130
- List the contract number of any government contract** _____ SACRAMENTO CA 95821
- 2.216. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CRISIS RESIDENTIAL TREATMENT KAISER PERMANENTE VALLEJO
- Nature of debtor's interest** CONTRACT PARTY KP VALLEJO
KAISER
- State the term remaining** _____ 2829 WATT AVE
SUITE 130
- List the contract number of any government contract** _____ SACRAMENTO CA 95821
- 2.217. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CRISIS RESIDENTIAL TREATMENT KAISER PERMANENTE WILLOW
- Nature of debtor's interest** CONTRACT PARTY KP WILLOW
KAISER
- State the term remaining** _____ 2829 WATT AVE
SUITE 130
- List the contract number of any government contract** _____ SACRAMENTO CA 95821
- 2.218. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RESIDENTIAL TREATMENT TCRCLA LOMA
- Nature of debtor's interest** CONTRACT PARTY LA LOMA
REGIONAL CENTER
- State the term remaining** _____ TCR
- List the contract number of any government contract** HT0485 520 E. MONTECITO STREET
SANTA BARBARA CA 93103

- 2.219. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CRISIS RESIDENTIAL TREATMENT SGPRCLAPUENTE
- Nature of debtor's interest** CONTRACT PARTY LA PUENTE
REGIONAL CENTER
75 RANCHO CAMINO DRIVE
POMONA CA 91766
- State the term remaining** _____
- List the contract number of any government contract** PP6745
- 2.220. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDICAL STAFF AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY LA TANYA WALLACE
2608 UNIVERSITY AVE
SAN DIEGO CA 92104
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.221. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RESIDENTIAL TREATMENT RCEBLINDERO
- Nature of debtor's interest** CONTRACT PARTY LINDERO
REGIONAL CENTER
RCEB
500 DAVIS STREET STE. 100
SAN LEANDRO CA 94577
- State the term remaining** _____
- List the contract number of any government contract** HB0809
- 2.222. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE AMADOR HOME
- Nature of debtor's interest** LESSEE LOVI PROPERTIES LLC
6908 SIERRA CT
STE A
DUBLIN CA 94568
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.223. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MANAGED HEALTH NETWORK
- Nature of debtor's interest** CONTRACT PARTY MANAGED HEALTH NETWORK
COMMERCIAL INSURANCE
P.O. BOX 14621
LEXINGTON CA 40512-4621
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.224. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE STOP PLUS1
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MANJIT PUREWAL
213 FALLEN LEAF DRIVE
VACAVILLE CA 95687
- 2.225. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE STOP PLUS2
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MANJIT PUREWAL
213 FALLEN LEAF DRIVE
VACAVILLE CA 95687
- 2.226. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT FDLRCMAPLE HOME
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract PD3135
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MAPLE HOME
REGIONAL CENTER
FDLRC
3303 WILSHIRE BLVD STE. 700
LOS ANGELES CA 90010
- 2.227. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE GLEN EDEN
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MARK TCHENG
849 VASONA ST
MILPITAS CA 95035
- 2.228. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
MARY-JO BAUTISTA-BOHALL
12053 HERMOSURA ST
NORWALD CA 90650

- 2.229. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MAYO CLINIC HEALTH SOLUTIONS
- Nature of debtor's interest** CONTRACT PARTY MAYO CLINIC HEALTH SOLUTIONS
COMMERCIAL INSURANCE
- State the term remaining** _____ PO BOX 211698
EAGAN MN 55121
- List the contract number of any government contract** _____
- 2.230. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MC BEACON
- Nature of debtor's interest** CONTRACT PARTY MC BEACON
COMMERCIAL INSURANCE
- State the term remaining** _____ 5665 PLAZA DRIVE,
STE. 400
- List the contract number of any government contract** _____ CYPRESS CA 90630-5023
- 2.231. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MC MAGELLAN
- Nature of debtor's interest** CONTRACT PARTY MC MAGELLAN
COMMERCIAL INSURANCE
- State the term remaining** _____ P.O. BOX 1099
MARYLAND HEIGHTS MD 63043
- List the contract number of any government contract** _____
- 2.232. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MC VALUE OPTIONS
- Nature of debtor's interest** CONTRACT PARTY MC VALUE OPTIONS
COMMERCIAL INSURANCE
- State the term remaining** _____ P.O. BOX 1290
LATHAM NY 12110
- List the contract number of any government contract** _____
- 2.233. **Title of contract** EMPLOYEE INSURANCE / BENEFITS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** METLIFE DHMO, DPPO, VISION POLICY NO 5954860
- Nature of debtor's interest** CONTRACT PARTY METLIFE GROUP BENEFITS
RHONDA SWAGGERTY
- State the term remaining** _____ PO BOX 804466
KANSAS CITY MO 64180-4466
- List the contract number of any government contract** _____

- 2.234. **Title of contract** EMPLOYEE INSURANCE / BENEFITS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** METLIFE BASIC LIFE/AD&D, VOL LIFE/AD&D, LTD POLICY NO 5954860
- Nature of debtor's interest** CONTRACT PARTY METLIFE GROUP BENEFITS
RHONDA SWAGGERTY
PO BOX 804466
KANSAS CITY MO 64180-4466
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.235. **Title of contract** EMPLOYEE INSURANCE / BENEFITS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** METLIFE EAP POLICY NO 5954860
- Nature of debtor's interest** CONTRACT PARTY METLIFE GROUP BENEFITS
RHONDA SWAGGERTY
PO BOX 804466
KANSAS CITY MO 64180-4466
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.236. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDICAL STAFF AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY MICHAEL KREUTZER
52 LAIDLEY STREET
SAN FRANCISCO CA 94131
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.237. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MEDICAL STAFF AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY MICHAEL LISIAK
1275 MONTECITO RDIGE DR
ARROYO GRANDE CA 93420
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.238. **Title of contract** EMPLOYEE INSURANCE / BENEFITS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** NAVIA FLEXIBLE SPENDING ACCOUNT POLICY NO 201801
- Nature of debtor's interest** CONTRACT PARTY NAVIA BENEFIT SOLUTIONS
PO BOX 35193
SEATTLE WA 98124-5193
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.239. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NAZANIN ELAHI
670 VERNON ST APT# 204
OAKLAND CA 94610
- 2.240. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NEAL ADAMS
1364 MILTON ROAD
NAPA CA 94559
- 2.241. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE FSP CENTRAL
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NEWMARK LLC
GRUBB KNIGHT FRANK
1333 NORTH CALIFORNIA BLVD STE 347
STE 347
WALNUT CREEK CA 94596
- 2.242. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE HOPE CONCORD (US PROBATION PROGRAM)
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NEWMARK LLC
GRUBB KNIGHT FRANK
1333 NORTH CALIFORNIA BLVD STE 347
STE 347
WALNUT CREEK CA 94596
- 2.243. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE PHOENIX CENTER
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
NEWMARK LLC
GRUBB KNIGHT FRANK
1333 NORTH CALIFORNIA BLVD STE 347
STE 347
WALNUT CREEK CA 94596

- 2.244. Title of contract CREDIBLE PAYOR
State what the contract or lease is for NBRC
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NORTH BAY REGIONAL CENTER
REGIONAL CENTER
610 AIRPARK ROAD
NAPA CA 94558
- 2.245. Title of contract CREDIBLE PAYOR
State what the contract or lease is for NORTH LOS ANGELES REGIONAL CENTER
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NORTH LOS ANGELES REGIONAL CENTER
REGIONAL CENTER
15400 SHERMAN WAY
SUITE 170
VAN NUYS CA 91406
- 2.246. Title of contract EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NZINGA HARRISON
4125 SUMMET CROSSING DR.
DECATUR GA 30034
- 2.247. Title of contract CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT ACRCORCHARD LANE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract HA1066
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ORCHARD LANE
REGIONAL CENTER
ALTA CALIFORNIA REGIONAL CENTER
2241 HARVARD STREET#100
SACRAMENTO CA 95815
- 2.248. Title of contract CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT TCRCPABLO LANE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract HT0486
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PABLO LANE
REGIONAL CENTER
TCRC
520 E. MONTECITO STREET
SANTA BARBARA CA 93103

- 2.249. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT ACRCPARKS
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract HA1082
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
PARKS LANE
REGIONAL CENTER
ALTA CALIFORNIA REGIONAL CENTER
2241 HARVARD STREET,
SACRAMENTO CA 95815
- 2.250. **Title of contract** INSURANCE POLICY
State what the contract or lease is for GENERAL COMMERCIAL LIABILITY, CRIME, PROFESSIONAL LIABILITY & AUTOMOBILE POLICY NO. PHPK1846009
Nature of debtor's interest INSURED
State the term remaining 7/1/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
PHILADELPHIA INDEMNITY INSURANCE COMPANY
LEGAL DEPARTMENT
ONE BALA PLAZA SUITE 100
BALA CYNWYD PA 19004-1403
- 2.251. **Title of contract** INSURANCE POLICY
State what the contract or lease is for UMBRELLA POLICY NO. PHUB637301
Nature of debtor's interest INSURED
State the term remaining 7/1/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
PHILADELPHIA INDEMNITY INSURANCE COMPANY
LEGAL DEPARTMENT
ONE BALA PLAZA SUITE 100
BALA CYNWYD PA 19004-1403
- 2.252. **Title of contract** INSURANCE POLICY
State what the contract or lease is for EMPLOYED LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY NO. PHSD1361799
Nature of debtor's interest INSURED
State the term remaining 7/1/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
PHILADELPHIA INDEMNITY INSURANCE COMPANY
LEGAL DEPARTMENT
ONE BALA PLAZA SUITE 100
BALA CYNWYD PA 19004-1403
- 2.253. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE EVELYN HOME
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
PHILLIP L CORVINUS
74605 STAGE LINE DR
THOUSAND PALMS CA 92276

- 2.254. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for VOCATIONAL SERVICES PHOENIX ENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining 6/30/2019
List the contract number of any government contract 74-593
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PHOENIX ENTCCC
COUNTY
DEPARTMENT OF MENTAL HEALTH
1340 ARNOLD DRIVE #200
MARTINEZ CA 94553
- 2.255. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for PNx ENTDEPT OF REHABILITATION
Nature of debtor's interest CONTRACT PARTY
State the term remaining 6/30/2019
List the contract number of any government contract 74-593
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PHOENIX ENT-DOR
STATE OTHER
TAMRA BRADLEY
1485 CIVIC COURT, SUITE 1100
CONCORD CA 94520
- 2.256. **Title of contract** LEASE AGREEMENT
State what the contract or lease is for COPIER LEASE AGREEMENT NO. A412676005
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PITNEY BOWES/GLOBAL FINANCIAL
SVC LLC
P O BOX 371887
PITTSBURGH PA 15250-7887
- 2.257. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT VMRCPRISCILLA LANE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract HV0430
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PRICILLA LANE
REGIONAL CENTER
GEORGE WILLIAM MCELROY
1750 HAMPSHIRE LN
TRACY CA 95377-7925
- 2.258. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE CASA VERDE4
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PROPERTY UPSURGE
501 RAILROAD AVE
PITTSBURG CA 94565

- 2.259. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE CASA VERDE -1
- Nature of debtor's interest** LESSEE PROPERTY UPSURGE
501 RAILROAD AVE
PITTSBURG CA 94565
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.260. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE CASA PHOENIX
- Nature of debtor's interest** LESSEE QIAN INVESTMENTS LLC
PO BOX 742
ALAMO CA 94507
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.261. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE NIERIKA HOUSE
- Nature of debtor's interest** LESSEE QIAN INVESTMENTS LLC
PO BOX 742
ALAMO CA 94507
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.262. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE NIERIKA HOUSE
- Nature of debtor's interest** LESSEE QIAN INVESTMENTS LLC
PO BOX 742
ALAMO CA 94507
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.263. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RIVERSIDE COUNTY (RANCHO ART)
- Nature of debtor's interest** CONTRACT PARTY RANCHO ART
COUNTY
DEPARTMENT OF MENTAL HEALTH
4095 COUNTY CIRCLE DRIVE
RIVERSIDE CA 92503
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.264. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RIVERSIDE COUNTY (RANCHO WEST)
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
RANCHO WEST
COUNTY
DEPT OF MH-PROGRAM SUPPRT
UNIT
3625 14TH STREET
RIVERSIDE CA 92501
- 2.265. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
REBECCA MARION O'GORMAN-
TRIMBETH
1986 BRIGHTON AVE
GROVER BEACH CA 93433
- 2.266. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE STAR VETS1
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
REGENCY PLAZA APARTMENTS
600 J ST
MARTINEZ CA 94553
- 2.267. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE STAR VETS2
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
REGENCY PLAZA APARTMENTS
600 J ST
MARTINEZ CA 94553
- 2.268. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for REGIONAL CENTER EAST BAY
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
REGIONAL CENTER EAST BAY
REGIONAL CENTER
ATTENTION ACCOUNTING DEPT
500 DAVIS ST, SUITE 100
SAN LEANDRO CA 94577

- 2.269. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
RENUKA PATEL
- 2.270. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
ROBERT G. VREELAND
1547 PALOS VERDES MALL,
P.M.B. 210
WALNUT CREEK CA 94597-2228
- 2.271. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE TAYLOR HOME
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
RONDO RESOURCES INC
3291 GLENDON AVE
LOS ANGELES CA 90034
- 2.272. **Title of contract** INSURANCE POLICY
State what the contract or lease is for OFFICERS AND DIRECTORS LIABILITY INSURANCE POLICY NO. NHP673003
Nature of debtor's interest INSURED
State the term remaining 6/30/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
RSUI INDEMNITY COMPANY
LEGAL DEPARTMENT
731 LEXINGTON AVENUE
NEW YORK NY 10022
- 2.273. **Title of contract** INSURANCE POLICY
State what the contract or lease is for WORKERS COMPENSATION INSURANCE POLICY NO. NHP673003
Nature of debtor's interest INSURED
State the term remaining 6/30/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
RSUI INDEMNITY COMPANY
LEGAL DEPARTMENT
731 LEXINGTON AVENUE
NEW YORK NY 10022

- 2.274. Title of contract EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- 2.275. Title of contract EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- 2.276. Title of contract CREDIBLE PAYOR
State what the contract or lease is for MENTAL HEALTH SAN JOAQUIN COUNTY
Nature of debtor's interest CONTRACT PARTY
State the term remaining 6/30/2019
List the contract number of any government contract A-18-282
- 2.277. Title of contract CREDIBLE PAYOR
State what the contract or lease is for SAN PABLO (PRE)
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- 2.278. Title of contract CREDIBLE PAYOR
State what the contract or lease is for SAN PABLO (PRO)
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- RUTH MONDOLFI
52 SARONI COURT
OAKLAND CA 94611
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- SALLY PITZER
373 ELM AVE
CARPINTERIA CA 93013
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- SAN JOAQUIN COUNTY
COUNTY
MENTAL HEALTH SERVICES
1212 NORTH CALIFORNIA ST
STOCKTON CA 95202
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- SAN PABLO (PRE)
FEDERAL OTHER
450 GOLDEN GATE AVENUE
STE. 17-6884
SAN FRANCISCO CA 94102
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- SAN PABLO (PRO)
FEDERAL OTHER
450 GOLDEN GATE AV STE. 17-6884
P.O. BOX 36057
SAN FRANCISCO CA 94102-7541

2.279.	Title of contract	CREDIBLE PAYOR	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SANTA BARBARA COUNTY COUNTY COUNTY OF SANTA BARBARA ADMHS 429 N. SAN ANTONIO ROAD SANTA BARBARA CA 93110
	State what the contract or lease is for	CRISIS RESIDENTIAL TREATMENT SANTA BARBARA COUNTY	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	6/30/2019	
	List the contract number of any government contract	BC 16-014 SOUTH + BC 16-014 NORTH	
2.280.	Title of contract	CREDIBLE PAYOR	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SERENITY REGIONAL CENTER 6203 SAN IGNACIO AVE STE. 200 SAN JOSE CA 95119
	State what the contract or lease is for	SARCSERENITY	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.281.	Title of contract	CREDIBLE PAYOR	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SGPRC EVERGREEN REGIONAL CENTER 3303 WILSHIRE BLVD STE. 700 LOS ANGELES CA 90010
	State what the contract or lease is for	RESIDENTIAL TREATMENT SGPRC EVERGREEN	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	PD3650	
2.282.	Title of contract	CREDIBLE PAYOR	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SHASTA VIEW REGIONAL CENTER FNRC 1900 CHURN CREEK ROAD STE. 319 REDDING CA 96002
	State what the contract or lease is for	RESIDENTIAL TREATMENT FNRC SHASTA VIEW	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	PF4737	
2.283.	Title of contract	EMPLOYMENT AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SHAYNE MASON 401 PARKER AVE UNIT 2 SAN FRANCISCO CA 94118
	State what the contract or lease is for	MEDICAL STAFF AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	_____	
	List the contract number of any government contract	_____	

- 2.284. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
SIMRET NANDA
7 EMBARCADERO WEST UNIT 306
OAKLAND CA 94607
- 2.285. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for SOLANO COUNTY
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
SOLANO COUNTY
COUNTY
VENDOR CLAIMS
275 BECK AVE, MS 5-220
FAIRFIELD CA 94533
- 2.286. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT SGPRCSOUTH HILLS
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract PP6716
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
SOUTH HILLS
REGIONAL CENTER
SAN GABRIEL/POMONA REGNAL
CENTER
761 CORPORATE CENTER DR
POMONA CA 91768
- 2.287. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for VOCATIONAL SERVICES STATE OF CA (CAL TRANS II)
Nature of debtor's interest CONTRACT PARTY
State the term remaining 8/31/2021
List the contract number of any government contract 04A5304
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
STATE OF CA (CAL TRANS II)
STATE OTHER
ATTN. JEFF CHANDLER
2616 N MAIN STREET,DIST4,DELTA
WALNUT CREEK CA 94596
- 2.288. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for SARCSYCAMORE PL
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
SYCAMORE
REGIONAL CENTER
6203 SAN IGNACIO AVE
STE. 200
SAN JOSE CA 95119

- 2.289. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** NLARC/DCSFTAYLOR HM
- Nature of debtor's interest** CONTRACT PARTY TAYLOR HOME
REGIONAL CENTER
15400 SHERMAN WAY
STE. 170
CAN NUYS CA 91403
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.290. **Title of contract** CREDIBLE PAYOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** RESIDENTIAL TREATMENT ELARC II/FDLRC-TAYLOR HOME
- Nature of debtor's interest** CONTRACT PARTY TAYLOR HOME
REGIONAL CENTER
NORTH LA COUNTY REGIONAL CNTR
15400 SHERMAN WAY #170
VAN NUYS CA 91406
- State the term remaining** _____
- List the contract number of any government contract** PE1842
- 2.291. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE GRANT HOUSE
- Nature of debtor's interest** LESSEE THE BURLINGHAM FAMILY TRUST
167 RIDGEWAY AVENUE
FAIRFAX CA 94930
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.292. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE CASA FREMONT
- Nature of debtor's interest** LESSEE TODD ROLOFF
735 PALMERA CT.
ALAMEDA CA 94501
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.293. **Title of contract** REAL PROPERTY LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PATIENT FACILITY LEASE BRIGHT HOUSE
- Nature of debtor's interest** LESSEE TORNEROS GROUP INC
P O BOX 447
DANVILLE CA 94526
- State the term remaining** _____
- List the contract number of any government contract** _____

- 2.294. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE CASA VERDE2
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
TOWN AND COUNTRY MGMT
LITO CALILIM
1028 OAK ST
STE 204
CLAYTON CA 94517
- 2.295. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for SARCTRANQUILITY
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
TRANQUILITY
REGIONAL CENTER
6203 SAN IGNACIO AVE
STE. 200
SAN JOSE CA 94119
- 2.296. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE ARROYO GRANDE
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
TRI COUNTIES COMMUNITY
HOUSING CORP INC
520 E MONTECITO ST
SANTA BARBARA CA 93103
- 2.297. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE LA LOMA
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
TRI COUNTIES COMMUNITY
HOUSING CORP INC
520 E MONTECITO ST
SANTA BARBARA CA 93103
- 2.298. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE PABLO LANE
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
TRI COUNTIES COMMUNITY
HOUSING CORP INC
520 E MONTECITO ST
SANTA BARBARA CA 93103

- 2.299. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for TRI-COUNTIES REGIONAL CENTER
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
TRI-COUNTIES REGIONAL CENTER
REGIONAL CENTER
TCRC
520 EAST MONTECITO STREET
SANTA BARBARA CA 93103
- 2.300. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for UNITED HEALTHCARE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
UNITED HEALTHCARE
COMMERCIAL INSURANCE
P.O. BOX 30755
SALT LAKE CITY UT 84130-0755
- 2.301. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for COPY MACHINE
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
US BANCORP
1310 MADRID ST
MARSHALL MN 56258
- 2.302. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for VA STAR VETS
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
VA STAR VETS
DEPT. OF VETERANS
ADMINISTRATION
NETWORK CONTRACTING OFFICE
21
6900 N. PECOS ROAD, BUILDING 6
NORTH LAS VEGAS NV 89086
- 2.303. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for SL VALLEY MOUNTAIN REGIONAL CENTER
Nature of debtor's interest CONTRACT PARTY
State the term remaining 6/30/2019
List the contract number of any government contract 612-C84083
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
VALLEY MOUNTAIN REGIONAL
CENTER
REGIONAL CENTER
P.O. BOX 692290
STOCKTON CA 95269

- 2.304. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE VENTURA CRT
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
VENTURA COUNTY
800 S VICTORIA AVE
VENTURA CA 93009
- 2.305. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE HILLMONT HOUSE MHRC
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
VENTURA COUNTY
1911 WILLIAMS DR STE 200
VENTURA CA 93036
- 2.306. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for VENTURA COUNTY
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
VENTURA COUNTY
COUNTY
BEHAVIORAL HEALTH DEPT
CONTRACTS
1911 WILLIAMS DRIVE, SUITE 200
OXNARD CA 93036
- 2.307. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for PATIENT FACILITY LEASE RANCHO WEST
Nature of debtor's interest LESSEE
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
VISTA PACIFIC ENT
3674 PACIFIC AVE
RIVERSIDE CA 92509
- 2.308. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT RCEBVISTA POINT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract HB1044
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
VISTA POINT
REGIONAL CENTER
500 DAVIS STREET
STE. 100
SAN LEANDRO CA 94577

- 2.309. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for WESTERN HEALTH ADVANTAGE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN HEALTH ADVANTAGE
COMMERCIAL INSURANCE
P.O. BOX 710400
SAN DIEGO CA 95608
- 2.310. **Title of contract** SURETY BOND
State what the contract or lease is for 401(K) ERISIA BOND NO. 70704772
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.311. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ANKA LA LOMA - POLICY NO. 58655283
Nature of debtor's interest CONTRACT PARTY
State the term remaining 11/30/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.312. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR HILLMONT HOUSE - POLICY NO. 58655286
Nature of debtor's interest CONTRACT PARTY
State the term remaining 4/18/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.313. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ANKA PICKFORD - POLICY NO. 58737281
Nature of debtor's interest CONTRACT PARTY
State the term remaining 9/29/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604

- 2.314. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR STEIGER HILL - POLICY NO. 58737287
Nature of debtor's interest CONTRACT PARTY
State the term remaining 12/1/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.315. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ENGLISH HILLS - POLICY NO. 58737288
Nature of debtor's interest CONTRACT PARTY
State the term remaining 12/1/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.316. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ANKA LODI - POLICY NO. 61559468
Nature of debtor's interest CONTRACT PARTY
State the term remaining 1/7/2021
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.317. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ANKA SHASTA VIEW - POLICY NO. 62670740
Nature of debtor's interest CONTRACT PARTY
State the term remaining 2/10/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.318. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ORCHARD LANE - POLICY NO. 63264205
Nature of debtor's interest CONTRACT PARTY
State the term remaining 7/5/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604

- 2.319. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ANKA CLOVER CREEK - POLICY NO. 63264218
Nature of debtor's interest CONTRACT PARTY
State the term remaining 7/5/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.320. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR SERENITY PLACE - POLICY NO. 63264224
Nature of debtor's interest CONTRACT PARTY
State the term remaining 7/5/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.321. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR 1017 LA SERENATA WAY NIPOMO, CA - POLICY NO. 63300284
Nature of debtor's interest CONTRACT PARTY
State the term remaining 8/3/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.322. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR TRANQUILITY HOME - POLICY NO. 63344182
Nature of debtor's interest CONTRACT PARTY
State the term remaining 9/11/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.323. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR BRIGHT HOUSE - POLICY NO. 69209521
Nature of debtor's interest CONTRACT PARTY
State the term remaining 8/18/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604

- 2.324. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR NIERIKA HOUSE - POLICY NO. 69216523
Nature of debtor's interest CONTRACT PARTY
State the term remaining 8/30/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.325. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR STATE OF CALIFORNIA - POLICY NO. 69216528
Nature of debtor's interest CONTRACT PARTY
State the term remaining 8/30/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.326. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR GRANT HOUSE II - POLICY NO. 69251855
Nature of debtor's interest CONTRACT PARTY
State the term remaining 11/18/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.327. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR 5149 WINSTON COURT FREMONT - POLICY NO. 69564855
Nature of debtor's interest CONTRACT PARTY
State the term remaining 7/31/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.328. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR 350 N. HILLMONT AVE. - POLICY NO. 69747695
Nature of debtor's interest CONTRACT PARTY
State the term remaining 7/15/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604

- 2.329. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR CASA ROHNERT PARK FACILITY - POLICY NO. 69816885
Nature of debtor's interest CONTRACT PARTY
State the term remaining 11/19/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.330. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR NEVIN HOUSE - POLICY NO. 70006806
Nature of debtor's interest CONTRACT PARTY
State the term remaining 11/16/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.331. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR POMONA HOUSE - POLICY NO. 70078233
Nature of debtor's interest CONTRACT PARTY
State the term remaining 4/4/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.332. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR EVELYN AVENUE - POLICY NO. 70332222
Nature of debtor's interest CONTRACT PARTY
State the term remaining 6/27/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.333. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR RANCHO WEST - POLICY NO. 70373937
Nature of debtor's interest CONTRACT PARTY
State the term remaining 9/6/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604

- 2.334. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR 7137 AMADOR VALLEY BLVD - POLICY NO. 70580564
Nature of debtor's interest CONTRACT PARTY
State the term remaining 9/5/2019
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.335. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR TAYLOR HOME - POLICY NO. 70591663
Nature of debtor's interest CONTRACT PARTY
State the term remaining 9/25/2019
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.336. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR DESERT RANCHO - POLICY NO. 70700639
Nature of debtor's interest CONTRACT PARTY
State the term remaining 4/13/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.337. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR CASA VALLEJO - POLICY NO. 70808486
Nature of debtor's interest CONTRACT PARTY
State the term remaining 10/2/2019
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.338. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR 27971 FAIRVIEW AVE - POLICY NO. 70918903
Nature of debtor's interest CONTRACT PARTY
State the term remaining 4/26/2020
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604

- 2.339. **Title of contract** SURETY BOND **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMUNITY CARE LICENSE BOND FOR CASA NIPOMO - POLICY NO. 71033332
- Nature of debtor's interest** CONTRACT PARTY WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- State the term remaining** 12/2/2019
- List the contract number of any government contract** _____
- 2.340. **Title of contract** SURETY BOND **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMUNITY CARE LICENSE BOND FOR 740 HOLLYHOCK DRIVE, SAN LEANDRO - POLICY NO. 71138538
- Nature of debtor's interest** CONTRACT PARTY WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- State the term remaining** 7/15/2019
- List the contract number of any government contract** _____
- 2.341. **Title of contract** SURETY BOND **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMUNITY CARE LICENSE BOND FOR 3711 LINDERO DRIVE, CONCORD - POLICY NO. 71187673
- Nature of debtor's interest** CONTRACT PARTY WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- State the term remaining** 10/26/2019
- List the contract number of any government contract** _____
- 2.342. **Title of contract** SURETY BOND **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMUNITY CARE LICENSE BOND FOR GLEN EDEN - POLICY NO. 71332315
- Nature of debtor's interest** CONTRACT PARTY WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- State the term remaining** 10/17/2019
- List the contract number of any government contract** _____
- 2.343. **Title of contract** SURETY BOND **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMUNITY CARE LICENSE BOND FOR ANKA PABLO LANE - POLICY NO. 71403231
- Nature of debtor's interest** CONTRACT PARTY WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- State the term remaining** 4/17/2020
- List the contract number of any government contract** _____

- 2.344. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR MAPLE HOME - POLICY NO. 71444580
Nature of debtor's interest CONTRACT PARTY
State the term remaining 8/1/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.345. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR WYOMING HOUSE - POLICY NO. 71447405
Nature of debtor's interest CONTRACT PARTY
State the term remaining 8/8/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.346. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ANKA ARROYO GRANDE - POLICY NO. 71632530
Nature of debtor's interest CONTRACT PARTY
State the term remaining 2/3/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.347. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ANKA SANTA MARIA CRT - POLICY NO. 71643657
Nature of debtor's interest CONTRACT PARTY
State the term remaining 3/4/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.348. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ANKA WESTON RANCH - POLICY NO. 71643659
Nature of debtor's interest CONTRACT PARTY
State the term remaining 3/5/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604

- 2.349. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR SANTA BARBARA CRISIS RESIDENTIAL TREATMENT (CRT) - POLICY NO. 71645736
Nature of debtor's interest CONTRACT PARTY
State the term remaining 3/11/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.350. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ANKA PRISCILLA LANE - POLICY NO. 71736688
Nature of debtor's interest CONTRACT PARTY
State the term remaining 12/17/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.351. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR SOUTH HILLS - POLICY NO. 71777282
Nature of debtor's interest CONTRACT PARTY
State the term remaining 4/20/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.352. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR COTTONTAIL HOME - POLICY NO. 71833427
Nature of debtor's interest CONTRACT PARTY
State the term remaining 10/5/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.353. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ZOOK FACILITY - POLICY NO. 71847745
Nature of debtor's interest CONTRACT PARTY
State the term remaining 12/7/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604

- 2.354. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR PARKS LANE - POLICY NO. 71865286
Nature of debtor's interest CONTRACT PARTY
State the term remaining 1/23/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.355. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR BECK LANE, VACAVILLE - POLICY NO. 71884373
Nature of debtor's interest CONTRACT PARTY
State the term remaining 3/8/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.356. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR SYCAMORE AVE, SAN MARTIN - POLICY NO. 71884384
Nature of debtor's interest CONTRACT PARTY
State the term remaining 3/8/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.357. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR VIA VAQUERO, FAIRFIELD - POLICY NO. 71884386
Nature of debtor's interest CONTRACT PARTY
State the term remaining 3/8/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.358. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR EVERGREEN HOME - POLICY NO. 71891736
Nature of debtor's interest CONTRACT PARTY
State the term remaining 3/30/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604

- 2.359. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR LA PUENTE VILLA - POLICY NO. 71955422
Nature of debtor's interest CONTRACT PARTY
State the term remaining 9/22/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.360. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR ANKA AGNES CRT - POLICY NO. 72076722
Nature of debtor's interest CONTRACT PARTY
State the term remaining 9/14/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.361. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR VISTA POINT - POLICY NO. 72104522
Nature of debtor's interest CONTRACT PARTY
State the term remaining 12/7/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.362. **Title of contract** SURETY BOND
State what the contract or lease is for COMMUNITY CARE LICENSE BOND FOR FERNWOOD PLACE - POLICY NO. 72116100
Nature of debtor's interest CONTRACT PARTY
State the term remaining 1/16/2020
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTERN SURETY COMPANY
333 S. WABASH AVE
CHICAGO IL 60604
- 2.363. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for CPS/DCFSWESTON RANCH
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
WESTON RANCH
REGIONAL CENTER
PO BOX 917
OAKLAND CA 94604

- 2.364. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT VMRCWESTON RANCH
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract HV0429
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WESTON RANCH BE
REGIONAL CENTER
KAREN ARNPRIESTER
388 N POWERS AVE
MANTECA CA 95336
- 2.365. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WILLIAM MACMORRAN
1717 E. VISTA CHINO RD.
STE A7, PMB #233
PALM SPRINGS CA 92262
- 2.366. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for RESIDENTIAL TREATMENT FDLRCWYOMING
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract PD3133
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WYOMING
REGIONAL CENTER
FDLRC
3303 WILSHIRE BLVD STE. 700
LOS ANGELES CA 90010
- 2.367. **Title of contract** EMPLOYMENT AGREEMENT
State what the contract or lease is for MEDICAL STAFF AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
XAVIER ERNST
- 2.368. **Title of contract** CREDIBLE PAYOR
State what the contract or lease is for CHILD & ADOLNCECENT CRISIS RESIDENTAL TREATMENT FDLRCZOOK PLACE
Nature of debtor's interest CONTRACT PARTY
State the term remaining _____
List the contract number of any government contract PD3543
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
ZOOK PLACE
REGIONAL CENTER
FDLRC
3303 WILSHIRE BLVD STE. 700
LOS ANGELES CA 90010

Fill in this information to identify the case:**Debtor name:** ANKA Behavioral Health, Incorporated**United States Bankruptcy Court for the:** Northern District of California**Case number (if known):** 19-41025☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. A P & H, INC.	3480 BUSKIRK AVE STE 300 PLEASANT HILL CA 94523	BANK OF GUAM	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. ANKA MHSA HOLDING COMPANY, LLC	3480 BUSKIRK AVE STE 300 PLEASANT HILL CA 94523	BANK OF GUAM	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name: ANKA Behavioral Health, Incorporated

United States Bankruptcy Court for the: Northern District of California

Case number (if known): 19-41025

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5/28/2019
MM/DD/YYYY

x /s/ Chris Withrow

Signature of individual signing on behalf of debtor

Chris Withrow
Printed name

Chief Executive Officer
Position or relationship to debtor