

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

TBAC WIND DOWN, LTD.,

Debtor.

Chapter 11

Case No. 16-13297 (SHL)

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS,
METHODOLOGY AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES
OF ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

On November 20, 2016 (the “**Petition Date**”), the above-captioned debtor and debtor in possession, TBAC Wind Down, Ltd. f/k/a The Big Apple Circus, Ltd, (the “**Debtor**”), filed a voluntary petition for relief under chapter 11 of title 11 of United States Code (the “**Bankruptcy Code**”) with the United States Bankruptcy Court for the Southern District of New York (the “**Bankruptcy Court**”). The Debtor is currently operating its business as a debtor in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.

The Debtor, with the assistance of its advisors, has prepared its Schedules of Assets and Liabilities (the “**Schedules**”) and Statement of Financial Affairs (the “**SOFA**”) pursuant to section 521 of the Bankruptcy Code and rule 1007 of the Federal Rules of Bankruptcy Procedure. These Global Notes and Statement of Limitations, Methodology and Disclaimer Regarding the Debtor’s Schedules of Assets and Liabilities and Statement of Financial Affairs (the “**Global Notes**”) pertain to all of the Schedules and the SOFA. While the Debtor’s management has made reasonable efforts to ensure that the Schedules and the SOFA are accurate and complete based on information that was available to them at the time of preparation, subsequent information or discovery may result in material changes to the Schedules and the SOFA, and inadvertent errors or omissions may exist in the Schedules and the SOFA. Moreover, the Schedules and the SOFA contain unaudited information that is subject to further review and potential adjustment. Nothing contained in the Schedules or the SOFA shall constitute a waiver of any of the Debtor’s rights or an admission with respect to the Debtor’s chapter 11 case including, without limitation, any issues involving objections to claims, equitable subordination, assumption or rejection of contracts or leases, or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other applicable laws to recover assets or avoid transfers. These Global Notes are incorporated by reference in, and comprise an integral part of, the Schedules and the SOFA, and should be referred to and reviewed in connection with any review of the Schedules and the SOFA. These Global Notes are in addition to any specific notes contained in the Schedules or the SOFA.

These Schedules and the SOFA and these Global Notes should not be relied upon by any persons for information relating to current or future financial conditions, events or performance of the Debtor.

Amendment. While reasonable efforts were made to file complete and accurate Schedules and a complete and accurate SOFA, inadvertent errors or omissions may exist. The Debtor thus reserves the right to amend and/or supplement its Schedules and the SOFA from time to time as may be necessary or appropriate.

Dates. All asset and liability information, except where otherwise noted, is provided as of the Petition Date.

Basis of Presentation. The Schedules and the SOFA do not purport to represent financial information or data prepared in accordance with U.S. Generally Accepted Accounting Principles. The Schedules and the SOFA are unaudited and reflect the Debtor's reasonable efforts to report certain financial information. Unless otherwise noted, each asset is shown on the basis of the book value of the asset in the Debtor's accounting books and records, rather than the current market values of such interest in property. The Debtor reserves all rights with respect to the values, amounts and characterizations of the assets and liabilities listed in its Schedules and the SOFA.

Causes of Action and Contingent Assets. The Debtor believes that it may possess certain claims and causes of action against various parties, including contingent claims in the form of various avoidance actions it could commence under the provisions of chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws. The Debtor, despite commercially reasonable efforts, may not have identified or set forth all of its causes of action (filed or potential) against third parties as assets in the Schedules and the SOFA. The Debtor reserves all of its rights with respect to any claims and causes of action, including avoidance actions, it may have and nothing contained in these Global Notes or the Schedules and the SOFA shall be deemed a waiver of any such claims, avoidance actions or causes of action or in any way prejudice or impair the assertion of such claims.

Totals. All totals that are included in the Schedules and the SOFA represent totals of all of the known amounts included on the Schedules and the SOFA, including disputed or contingent amounts. To the extent that there are unknown or undetermined amounts, the actual total may be different than the listed total, at times materially.

Excluded Assets and Liabilities and Effect of "First Day" Orders on Scheduled Claim Amounts. The Debtor has excluded certain categories of assets and liabilities from the Schedules and the SOFA, such as customer relationships, accrued liabilities, and assets with a net book value of zero. Other immaterial assets and liabilities may also have been excluded. Furthermore, the Bankruptcy Court has entered orders in the Debtor's chapter 11 case that authorize the Debtor to honor and/or pay certain prepetition claims. Consequently, certain prepetition fixed, liquidated and undisputed priority, general unsecured, or secured claims may have been paid under this authority. The Debtor reserves the right to amend the Schedules and the SOFA to reflect payments made pursuant to such authority.

Intellectual Property Rights. Exclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have been abandoned, have been terminated or otherwise expired by their terms or have been assigned 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, have not been terminated or otherwise expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition or other transaction. Accordingly, the Debtor reserves all of its rights with respect to the legal status of any and all such intellectual property rights.

Current Values. It would be prohibitively expensive, unduly burdensome and an inefficient use of estate assets for the Debtor to obtain current market valuations of all of its assets. Accordingly, unless otherwise indicated, the assets and liabilities of the Debtor are listed on the basis of the book value of the asset or liability in the Debtor's accounting books and records, and the Schedules and the SOFA reflect the carrying value, rather than the current market value, of the Debtor's assets and liabilities. For this reason, amounts ultimately realized may vary from net book value and such variance may be material. Exceptions to this include operating cash, which is presented as bank balances as of the Petition Date. Certain other assets are listed as "Unknown" amounts because the net book values may materially differ from fair market value. Thus, the amounts shown for liabilities exclude items identified as "Unknown" and the Debtor's ultimate liabilities may differ materially from those stated in the Schedules and the SOFA. Furthermore, the description of an amount as "Unknown" is not intended to reflect upon the materiality of such amount.

Claims Descriptions. Any failure to designate a claim on the Debtor's Schedules and the SOFA as "disputed," "contingent" or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent" or "unliquidated." Listing a claim does not constitute an admission of liability by the Debtor. The Debtor reserves the right to dispute any claims reflected on its Schedules or the SOFA on any grounds, including to assert an offset or any defense to any claim reflected on the Schedules and/or the SOFA with respect to, but not limited to, amount, liability or classification, or to otherwise subsequently designate such claims as "disputed," "contingent" or "unliquidated." The Debtor reserves the right to amend these Schedules and the SOFA accordingly.

Classifications. Listing a claim on (i) Schedule D as "secured" or (ii) Schedule E/F as "priority" or "unsecured nonpriority," or listing a contract on 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 right to recharacterize or reclassify such claim or contract. In particular, the Debtor reserves the right to amend the Schedules and the SOFA to recharacterize or reclassify any such contract or claim.

Currency. All amounts shown in the Schedules and the SOFA are in U.S. Dollars.

Insiders. The Debtor has included in the SOFA all payments made during the one year period preceding the Petition Date to any individual deemed an "insider," as that term is defined in section 101(31) of the Bankruptcy Code. Persons listed as "insiders" have been included for informational purposes only. The Debtor does not take any position with respect to (a) such person's influence over the control of the Debtor, (b) the management responsibilities or functions of such individual, (c) the decision-making or corporate authority of such individual or (d) whether such individual could successfully argue that he or she is not an "insider" under applicable law.

Recharacterization. The Debtor has made reasonable efforts to characterize, classify, categorize or designate the claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and the SOFA correctly. However, the Debtor may have improperly characterized, classified, categorized or designated certain items. Thus, the Debtor reserves its rights to recharacterize, reclassify, recategorize or redesignate items reported in the Schedules and the SOFA at a later time as necessary or appropriate as additional information becomes available, including, but not limited to, whether contracts listed herein were executory as of the Petition Date or remain executory postpetition.

Schedule A/B - Real and Personal Property.

Part 1, question 3. Bank account balances are reflective of the opening book balances as of the Petition Date, which may differ from the bank balances due to common reconciling items. Certain funds listed on Schedule A/B are subject to donor restrictions, and may only be used in accordance with the terms of their respective gift instruments.

Part 4. Investment information is provided by the Debtor as of November 30, 2016.

Schedule D - Creditors Who Have Claims Secured by Property. The Debtors reserve the right to dispute or challenge the validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a secured creditor listed on Schedule D. The descriptions provided in Schedule D are intended only to be a summary. 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 any liens.

Schedule E/F - Creditors Who Have Unsecured Claims.

Priority Unsecured Claims. The listing of any claim on Schedule E/F, Parts 1 and 4 does not constitute an admission by the Debtor that such claim is entitled to priority treatment under section 507 of the Bankruptcy Code. The Debtor reserves its rights to dispute or challenge whether such claims are entitled to priority.

Nonpriority Unsecured Claims. Schedule E/F, Parts 2 and 4 do not include certain deferred charges, deferred liabilities, or general reserves. Such amounts are general estimates of liabilities based upon the Debtor's books and records and do not represent specific claims as of the Petition Date.

The claims listed in Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose is an open issue of fact. While commercially reasonable efforts have been made, determining the date upon which each claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtor does not list a date for each claim listed on Schedule E/F. Schedule E/F contains information regarding potential, pending and closed litigation involving the Debtor.

The descriptions provided in Schedule E/F are intended only to be a summary. Nothing in the Global Notes or the Schedules and the SOFA shall be deemed to be a modification or interpretation of the terms of such agreements. The claims of individual creditors for, among other things, merchandise, goods, services or taxes are listed at the amounts listed on the

Debtor's books and records and may not reflect credits or allowances due from such creditor. The Debtor reserves all of its rights respecting such credits or allowances. The dollar amounts listed may be exclusive of contingent and unliquidated amounts. The Debtor expressly incorporates by reference into Schedule E/F all parties to pending and potential pending litigation listed in the Debtor's SOFA as contingent, unliquidated and disputed claims to the extent not already listed on Schedule E/F.

Schedule G - Executory Contracts and Unexpired Leases. While commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions, or over-inclusions may have occurred. The Debtor reserves all of its rights to dispute the validity, status or enforceability of any contracts, agreements or leases set forth in Schedule G and to amend or supplement such Schedule as necessary.

The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended and supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters and other documents, instruments and agreements which may not be listed herein. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal and other miscellaneous rights that are embedded in the Debtor's agreements. Such rights, powers, duties and obligations are not set forth on Schedule G.

Listing a contract, agreement or lease on Schedule G does not constitute an admission that such contract, agreement or lease is an executory contract or unexpired lease or that such contract, agreement or lease was in effect on the Petition Date or is valid or enforceable. Conversely, the omission of a contract, agreement or lease from Schedule G is not intended and shall not be construed as an admission that such omitted contract, agreement or lease is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to its contracts, agreements or leases shall not be construed as and are not impaired by the omission or inclusion on Schedule G. The Debtor reserves all of its rights, claims and causes of action with respect to the contracts and agreements listed on Schedule G, including the right to dispute or challenge the characterization or the structure of any transaction, or any document or instrument (including, without limitation, any intercompany agreement) related to a creditor's claim.

In the ordinary course of business, the Debtor may have entered into confidentiality agreements, non-disclosure agreements, non-compete agreements and non-access agreements, which, to the extent that such agreements constitute executory contracts, are not listed individually on Schedule G.

SOFA 1. The income stated in the Debtor's response to SOFA 1 reflects gross operating support and revenue.

SOFA 26(d). The Debtor provided financial statements in the ordinary course of business to certain donor foundations.

Global Notes Control. In the event the Schedules and the SOFA differ from the foregoing Global Notes, the Global Notes shall control.

[Schedules and the SOFA begin on the following page]

Fill in this information to identify the case:

Debtor name: TBAC Wind Down, Ltd.

United States Bankruptcy Court for the: Southern District of New York

Case number (if known): 16-13297

☒ 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	\$2,500,000.00
1b. Total personal property: Copy line 91A from Schedule A/B	\$909,918.01
1c. Total of all property: Copy line 92 from Schedule A/B	\$3,409,918.01

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	\$740,940.00
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	\$200,022.63
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	+ \$7,371,329.68
4. Total liabilities Lines 2 + 3a + 3b	\$8,312,292.31

Fill in this information to identify the case:

Debtor name: TBAC Wind Down, Ltd.

United States Bankruptcy Court for the: Southern District of New York

Case number (if known): 16-13297

☒ 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	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
JONES, VALARIE 1 METROTECH CENTER NORTH 3RD FLOOR BROOKLYN NY 11201	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,119.36	\$4,119.36
Date or dates debt was incurred	Basis for the claim: UNDELIVERED SERVICES		Nonpriority amount \$0.00
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) (4)			

2.2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
MASS DEPT OF REVENUE/SALES & USE TAX P.O. BOX 7089 BOSTON MA 02204-7089	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,650.00	\$12,650.00
Date or dates debt was incurred	Basis for the claim: GOVERNMENT		Nonpriority amount \$0.00
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)			

Debtor **TBAC Wind Down, Ltd.**

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2.3.	Priority creditor's name and mailing address NYS DEPT. OF TAXATION AND FINANCE PO BOX 4127 BINGHAMTON NY 13902 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> 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: GOVERNMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$77,616.59	Priority amount \$77,616.59 <div style="background-color: #f0f0f0; padding: 2px;">Nonpriority amount</div> \$0.00
2.4.	Priority creditor's name and mailing address SANTIAGO, TANYA 1 METROTECH CENTER NORTH 3RD FLOOR BROOKLYN NY 11201 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$12,692.46	Priority amount \$12,692.46 <div style="background-color: #f0f0f0; padding: 2px;">Nonpriority amount</div> \$0.00
2.5.	Priority creditor's name and mailing address STATE OF NEW JERSEY DEPT. OF THE TREASURY, DIVISION OF REVENUE PO BOX 628 TRENTON NJ 08625-0628 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> 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: GOVERNMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$12,650.00	Priority amount \$12,650.00 <div style="background-color: #f0f0f0; padding: 2px;">Nonpriority amount</div> \$0.00

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2.6.	Priority creditor's name and mailing address VILLAGE OF WALDEN PROPERTY TAX ONE MUNICIPAL SQUARE WALDEN NY 12586 Date or dates debt was incurred <hr/> 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: GOVERNMENT, MUNICIPAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left;">Total claim</th> <th style="text-align: left;">Priority amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">\$80,294.22</td> <td style="text-align: left;">\$80,294.22</td> </tr> <tr> <td></td> <td style="text-align: left;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left;">Nonpriority amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">\$0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>	Total claim	Priority amount	\$80,294.22	\$80,294.22		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left;">Nonpriority amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">\$0.00</td> </tr> </tbody> </table>	Nonpriority amount	\$0.00
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Nonpriority amount											
\$0.00											

Debtor **TBAC Wind Down, Ltd.**

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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 360 MEDIAWATCH 14-25 33RD ROAD ASTORIA NY 11106 Date or dates debt was incurred <hr/> 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,020.00
3.2.	Nonpriority creditor's name and mailing address 90.9 WBUR/BOSTON UNIVERSITY 890 COMMONWEALTH AVE FLR 3 BOSTON MA 02215 Date or dates debt was incurred <hr/> 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,520.00
3.3.	Nonpriority creditor's name and mailing address A1 PROTABLE TOILETS 901 RT 52 WALDEN NY 12586 Date or dates debt was incurred <hr/> 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: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,734.26

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3.4.	Nonpriority creditor's name and mailing address ADVANCE COMPUTER TECHNOLOGIES 108 MAIN STREET NORWALK CT 06851 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,927.00
3.5.	Nonpriority creditor's name and mailing address ALLIANT INSURANCE SERVICES, INC ATT: 401K/403B 701 B ST 6TH FL SAN DIEGO CA 92101 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$750.00
3.6.	Nonpriority creditor's name and mailing address ALSCHULER COMMUNICATIONS, LLC 1504 DENNISTON STREET PITTSBURGH PA 15217 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,000.00

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3.7.	Nonpriority creditor's name and mailing address AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS PENSION FUND 14 PENNSYLVANIA PLAZA NEW YORK NY 10122 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 type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OTHER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.8.	Nonpriority creditor's name and mailing address ANGLIN, RON Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$254.00
3.9.	Nonpriority creditor's name and mailing address ARENA AMERICAS 55 MONTGOMERY STREET BELLEVILLE NJ 07109 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$90,770.07

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3.10.	Nonpriority creditor's name and mailing address ARNHOLD, HENRY Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,000.00
3.11.	Nonpriority creditor's name and mailing address ARTSBOSTON, INC. 31 ST. JAMES AVENUE BOSTON MA 02116 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,000.00
3.12.	Nonpriority creditor's name and mailing address ASCAP 21678 NETWORK PLACE CHICAGO IL 60673-1216 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,780.00

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3.13.	Nonpriority creditor's name and mailing address ASSOC. MUSICIANS LOC/DUES 322 WEST 48TH STREET NEW YORK NY 10036 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,562.85
3.14.	Nonpriority creditor's name and mailing address ASSOC. MUSICIANS LOCAL 802/PENSION 322 WEST 48TH STREET NEW YORK NY 10036 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$23,996.80
3.15.	Nonpriority creditor's name and mailing address ASSOC. MUSICIANS LOCAL/HEALT BEN 322 WEST 48TH STREET NEW YORK NY 10036 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,046.78

Debtor **TBAC Wind Down, Ltd.**

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3.16.	Nonpriority creditor's name and mailing address ASTAR 36 WES WARREN DRIVE MIDDLETOWN NY 10941 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$386.04
3.17.	Nonpriority creditor's name and mailing address ATLANTA PARENT 2346 PETIMETER PARK DR. ATLANTA GA 30341 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,350.00
3.18.	Nonpriority creditor's name and mailing address ATLANTIC TOMORROWS OFFICE 134 WEST 26TH ST, #3 NEW YORK NY 10001 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$861.92

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3.19.	Nonpriority creditor's name and mailing address ATRIUM ACCOUNT DEPT 165 WEST 65TH ST 9TH FL NEW YORK NY 10023 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,286.00
3.20.	Nonpriority creditor's name and mailing address AUDIENCEVIEW TICKETING 425 ADELAIDE STREET WEST TORONTO M5V 3C1 CANADA 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$372,076.86
3.21.	Nonpriority creditor's name and mailing address BACKSTRETCH VETERINARY, INC PO BOX 204 GROVELAND MA 01834 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$600.44

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3.22.	Nonpriority creditor's name and mailing address BANDMAN, DAVID Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$22,250.00
3.23.	Nonpriority creditor's name and mailing address BARONE, JEFF Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$189.00
3.24.	Nonpriority creditor's name and mailing address BELMONT SPRINGS PO BOX 660579 DALLAS TX 75266 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$102.58

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3.25.	Nonpriority creditor's name and mailing address BIG APPLE CIRCUS [BANK OF AMERICA ACCOUNT -2154] 1 METROTECH CENTER NORTH 3RD FLOOR BROOKLYN NY 11201 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN + INTEREST Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,981,870.83
3.26.	Nonpriority creditor's name and mailing address BILLUPS, INC. PO BOX 3558 PORTLAND OR 97208-3558 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$236,762.00
3.27.	Nonpriority creditor's name and mailing address BINDER, PAUL Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$57,588.00

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3.28.	Nonpriority creditor's name and mailing address BINDER, PAUL Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,103.40
3.29.	Nonpriority creditor's name and mailing address BMI GENERAL LICENSING PO BOX 630893 CINCINNATI OH 45263-0893 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,508.00
3.30.	Nonpriority creditor's name and mailing address BOSTON EMS ATTN: SPECIAL EVENTS 785 ALBANY ST BOSTON MA 02118 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$22,880.00

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3.31.	Nonpriority creditor's name and mailing address BOSTON PARENTS PAPER 639 GRANITE STREET BRAINTREE MA 02184 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,600.00
3.32.	Nonpriority creditor's name and mailing address BOSTON TRANSLATION COMP. 31 SAINT JAMES AVENUE BOSTON MA 02116 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$725.00
3.33.	Nonpriority creditor's name and mailing address BOWMAN SALES AND EQUIPMENT INC 2910 HEDLEY STREET PHILADELPHIA PA 19137 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,619.43

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3.34.	Nonpriority creditor's name and mailing address BROCK, MARY JANE Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$0.00
3.35.	Nonpriority creditor's name and mailing address BROCK, MARY JANE Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$0.00
3.36.	Nonpriority creditor's name and mailing address CANARD, INC. 503 WEST 43RD STREET NEW YORK NY 10036 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,076.00

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3.37.	Nonpriority creditor's name and mailing address CENTRO INC. 11 EAST MADISON CHICAGO IL 60602 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$198,510.21
3.38.	Nonpriority creditor's name and mailing address CHILDREN OF PROMISE 1 COFFEY STREET BROOKLYN NY 11231 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$425.00
3.39.	Nonpriority creditor's name and mailing address CHRISTENSEN, ROBERT MICHAEL Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$75,255.00

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3.40.	Nonpriority creditor's name and mailing address CHRISTIE LITES ORLANDO/MISC 6990 LAKE ELLENOR DRIVE ORLANDO FL 32809 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,141.28
3.41.	Nonpriority creditor's name and mailing address CHRISTIE LITES ORLANDO/RENTALS ATTN: HONEY MURPHY 6990 LAKE ELLENOR DR ORLANDO FL 32809 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$176,843.36
3.42.	Nonpriority creditor's name and mailing address CITY OF BOSTON TREASURY DEPARTMENT CITY HALL ROOM M5 ONE CITY HALL SQUARE BOSTON MA 02201 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$31,877.90

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3.43.	Nonpriority creditor's name and mailing address CITY OF BOSTON/PO BOX 9715/PMD P.O. BOX 9715 BOSTON MA 02114 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$40,609.89
3.44.	Nonpriority creditor's name and mailing address CITY OF BOSTON/PO BOX9715/BPD P.O. BOX 9715 BOSTON MA 02114 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,608.81
3.45.	Nonpriority creditor's name and mailing address COMCAST SPOTLIGHT, INC./BOSTON P.O. BOX 415949 BOSTON MA 02241-5949 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$46,519.65

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3.46.	Nonpriority creditor's name and mailing address COMMUNITY NEW/FAMILY PUBLICATION 1 METROTECH CENTER NO. BROOKLYN NY 11201 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,320.00
3.47.	Nonpriority creditor's name and mailing address CONNOISSEUR MEDIA LLC 619 ALEXANDER ROAD PRINCETON NJ 08540 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,500.00
3.48.	Nonpriority creditor's name and mailing address CREATIVE GOODS MERCHANDISE 213 WEST 40TH STREET NEW YORK NY 10018 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,141.34

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3.49.	Nonpriority creditor's name and mailing address DAILY NEWS/NEW JERSEY ATTN: FINANCE DEPARTMENT 125 THEODORE CONRAD DR JERSEY CITY NJ 07305-4698 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,000.00
3.50.	Nonpriority creditor's name and mailing address DESI TALK LLC 115 WEST 30TH STREET NEW YORK NY 10001 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,868.50
3.51.	Nonpriority creditor's name and mailing address DOCTORS, SHELLY Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,103.40

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3.52.	Nonpriority creditor's name and mailing address DON'S JOHN 5524 WELLINGTON ROAD GAINESVILLE VA 20155 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,564.98
3.53.	Nonpriority creditor's name and mailing address DUFRESNOY, GUILLAUME Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,000.00
3.54.	Nonpriority creditor's name and mailing address DUFRESNOY, GUILLAUME Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: EMPLOYEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$83,077.11

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3.55.	Nonpriority creditor's name and mailing address EGAN, KATHY GARCIA Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$450.00
3.56.	Nonpriority creditor's name and mailing address EIDEM, BRUCE Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$947.00
3.57.	Nonpriority creditor's name and mailing address ENTERTAINMENT TRANSPORTATION 6429 LIBERTY STREET AVE MARIA FL 34142 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$31,250.75

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3.58.	Nonpriority creditor's name and mailing address ENTERTEX MARKETING, INC. 99 MADISON AVENUE NEW YORK NY 10016-7419 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,483.99
3.59.	Nonpriority creditor's name and mailing address EVANS, DEAN Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$200.00
3.60.	Nonpriority creditor's name and mailing address EVERSOURCE/NSTAR/BOSTON P.O. BOX 660369 DALLAS TX 75266-0369 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$22,489.52

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3.61.	Nonpriority creditor's name and mailing address FEDERAL EXPRESS COROPORATION/WAL P.O. BOX 371461 PITTSBURGH PA 15250-7461 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$128.62
3.62.	Nonpriority creditor's name and mailing address FEDERAL EXPRESS/CORP P.O. BOX 371461 PITTSBURGH PA 15250-7461 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,029.56
3.63.	Nonpriority creditor's name and mailing address FELDMAN, GOLINSKI, REEDY PLLC 100 WALL STREET NEW YORK NY 10005 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,100.00

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3.64.	Nonpriority creditor's name and mailing address FINLAND, ERIC Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$216.50
3.65.	Nonpriority creditor's name and mailing address FIRST UNUM LIFE INSURANCE COMPANY PO BOX 406919 ATLANTA GA 30384-6919 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,900.00
3.66.	Nonpriority creditor's name and mailing address FIRST UNUM LIFE INSURANCE COMPANY PO BOX 406919 ATLANTA GA 30384-6919 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,732.12

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3.67.	Nonpriority creditor's name and mailing address FIRTH, PATRICK Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$231.04
3.68.	Nonpriority creditor's name and mailing address FORMEX PRINTING LLC 200 WALL STREET WEST LONG BRANCH NJ 07764 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$402.00
3.69.	Nonpriority creditor's name and mailing address FRONTIER PO BOX 20550 ROCHESTER NY 14602-0550 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$320.10

Debtor **TBAC Wind Down, Ltd.**

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3.70.	Nonpriority creditor's name and mailing address FUND FOR THE CITY OF NEW YORK 121 AVENUE OF THE AMERICAS NEW YORK NY 10013 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$760,000.00
3.71.	Nonpriority creditor's name and mailing address GALAXY AMUSEMENT SALES 123 WEST BLOOMINGDALE AVE. BRANDON FL 33511 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$162.00
3.72.	Nonpriority creditor's name and mailing address GE CAPITAL PO BOX 642333 PITTSBURGH PA 15264-2333 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,987.28

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3.73.	Nonpriority creditor's name and mailing address GPASS ANNE TREMON 257 EUCLID AVE HACKENSACK NJ 07601 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,450.00
3.74.	Nonpriority creditor's name and mailing address GREATER NEW YORK CHAMBER OF COMMERCE 20 WEST 44TH STREET NEW YORK NY 10036 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$295.00
3.75.	Nonpriority creditor's name and mailing address GRIMALDI, JOHN Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$66.00

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3.76.	Nonpriority creditor's name and mailing address GROSS, RONNIE Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,505.66
3.77.	Nonpriority creditor's name and mailing address HERC RENTALS PO BOX 650280 DALLAS TX 75265 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$142.87
3.78.	Nonpriority creditor's name and mailing address HERTZ, PATRICIA Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$200.00

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3.79.	Nonpriority creditor's name and mailing address I HEARTMEDIA/5080COLLECTION DRIVE 5080 COLLECTIONS CENTER DRIVE CHICAGO IL 60693 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,980.00
3.80.	Nonpriority creditor's name and mailing address ICCNE LLC 1790 BROADWAY NEW YORK NY 10019 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,935.48
3.81.	Nonpriority creditor's name and mailing address IPFS CORPORATION PO BOX 32144 NEW YORK NY 10087-2144 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 type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$104,364.16

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3.82.	Nonpriority creditor's name and mailing address ITC 831 LITTLE BRITAIN ROAD NEW WINDSOR NY 12553 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,084.50
3.83.	Nonpriority creditor's name and mailing address J.J. KELLER & ASSOCIATES, INC. PO BOX 6609 CAROL STREAM IL 60197-6609 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,175.38
3.84.	Nonpriority creditor's name and mailing address JEANNETTE NEILL DANCE STUDIO 261 FRIEND STREET BOSTON MA 02114 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$235.00

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3.85.	Nonpriority creditor's name and mailing address JEWISH WORLD 511 HEMPSTEAD AVENUE WEST HEMPSTEAD NY 11552 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,424.00
3.86.	Nonpriority creditor's name and mailing address JPMORGAN CHASE LEASE ADMINISTRATION BK 1 RENTAL INCOME 625 BROADWAY ALBANY NY 12233-0001 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$62,470.85
3.87.	Nonpriority creditor's name and mailing address KAPLAN, LINDA VOGEL Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$45,768.98

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3.88.	Nonpriority creditor's name and mailing address KAUFMANN, DEBORAH Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,537.78
3.89.	Nonpriority creditor's name and mailing address KAWECKI, WILLIAM Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$441.70
3.90.	Nonpriority creditor's name and mailing address KEIM, GINNY Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,000.00

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3.91.	Nonpriority creditor's name and mailing address KINSLEY POWER SYSTEMS 14 CONNECTICUT SOUTH DRIVE EAST GRANBY CT 06026 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$650.00
3.92.	Nonpriority creditor's name and mailing address KOREA CENTRAL DAILY NEWS 35-35 149TH STREET FLUSHING NY 11354 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,600.00
3.93.	Nonpriority creditor's name and mailing address KRIGER NEWBAURER, LISA Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$79.00

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3.94.	Nonpriority creditor's name and mailing address LEO, JOHN Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,012.19
3.95.	Nonpriority creditor's name and mailing address LINCOLN CENTER FOR THE PERFORMING ARTS ATTN: ACCOUNTING DEPT. 70 LINCOLN CENTER PLZ NEW YORK NY 10023 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,505.52
3.96.	Nonpriority creditor's name and mailing address LINCOLN SQUARE 1840 BROADWAY NEW YORK NY 10023 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,500.00

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3.97.	Nonpriority creditor's name and mailing address LOCAL MEDIA CONNECTION, LLC P.O. BOX 1179 ALEXANDRIA VA 22313 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,788.64
3.98.	Nonpriority creditor's name and mailing address MANATT PHELPS PHILLIPS 7 TIMES SQUARE NEW YORK NY 10036 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,100.00
3.99.	Nonpriority creditor's name and mailing address MANPOWER 21271 NETWORK PLACE CHICAGO IL 60673-1212 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,245.86

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3.100.	Nonpriority creditor's name and mailing address MANPOWER 21271 NETWORK PL CHICAGO IL 60673-1212 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$254.15
3.101.	Nonpriority creditor's name and mailing address MARATHON STAFFING 164 WESTFORD ROAD TYNGSBORO MA 01879 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,604.40
3.102.	Nonpriority creditor's name and mailing address MCCARTY, KAREN Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$102.15

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3.103.	Nonpriority creditor's name and mailing address MCDONALD ELECTRICAL CORP 72 SHARP STREET HINGHAM MA 02043 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,465.00
3.104.	Nonpriority creditor's name and mailing address MING PAO DAILY NEWS (NEW YORK) 43-31 33RD STREET LONG ISLAND CITY NY 11101 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,828.60
3.105.	Nonpriority creditor's name and mailing address MINTZHOKE 40 TOWER LANE AVON CT 06001 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$144,890.83

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3.106.	Nonpriority creditor's name and mailing address MITCHELL'S P.O. BOX 8367 LONG ISLAND CITY NY 11101-8367 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$639.71
3.107.	Nonpriority creditor's name and mailing address MOIDEL, DAVID Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$300.00
3.108.	Nonpriority creditor's name and mailing address MR JOHN Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,967.00

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3.109.	Nonpriority creditor's name and mailing address MT. SINAI CHILDREN'S CENTER FOUNDATION 1468 MADISON AVENUE, BOX 1198 NEW YORK NY 10029 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 type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$101,960.00
3.110.	Nonpriority creditor's name and mailing address NATIONAL CORPORATE HOUSING 4 LONGFELLOW PLACE BOSTON MA 02114 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,373.00
3.111.	Nonpriority creditor's name and mailing address NATIONWIDE MUTUAL INSURANCE CO ONE NATIONWIDE PLAZA COLUMBUS OH 43215-2220 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$234.05

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3.112.	Nonpriority creditor's name and mailing address NATIONWIDE TRUST COMPANY 3400 SOUTHPARK PLACE GROVE CITY OH 43218-3046 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,645.69
3.113.	Nonpriority creditor's name and mailing address NAUSET STRATEGIES, INC 66 LONG WHARF BOSTON MA 02110 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,000.00
3.114.	Nonpriority creditor's name and mailing address NEIGHBORS, MARTHA Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12.00

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3.115.	Nonpriority creditor's name and mailing address NEW JERSEY FAMILY 480 MORRIS AVENUE SUMMIT NJ 07901 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,250.00
3.116.	Nonpriority creditor's name and mailing address NEW YORK FAMILY 72 MADISON AVENUE NEW YORK NY 10016 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,980.00
3.117.	Nonpriority creditor's name and mailing address NEW YORK PUBLIC RADIO ATT; FINANCE/ACCOUNTS RECEIVABLE 160 VARICK ST 7TH FL NEW YORK NY 10013 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,300.00

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3.118.	Nonpriority creditor's name and mailing address NJTV ATTN: GIFT PROCESSING 825 EIGHTH AVE NEW YORK NY 10019-7435 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,270.00
3.119.	Nonpriority creditor's name and mailing address NORTER, KRISTY Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$576.67
3.120.	Nonpriority creditor's name and mailing address NYC & COMPANY, INC. 810 SEVENTH AVENUE NEW YORK NY 10019 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,104.33

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3.121.	Nonpriority creditor's name and mailing address NYM PUBLISHING, LLC 55 BROAD STREET NEW YORK NY 10004 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,500.00
3.122.	Nonpriority creditor's name and mailing address ODONNELL, JENNIFER Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$167.96
3.123.	Nonpriority creditor's name and mailing address OHIO CAT COMMERCIAL COLLECTION CORP OF NY 34 SEYMOUR ST TONAWANDA NY 14150 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,783.34

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3.124.	Nonpriority creditor's name and mailing address OMNITRANS CORPORATION, LTD 167-16 146TH AVENUE JAMAICA NY 11434 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,957.89
3.125.	Nonpriority creditor's name and mailing address PARTY RENTAL LTD. 275 NORTH STREET TETERBORO NJ 07608 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,092.10
3.126.	Nonpriority creditor's name and mailing address PEACHTREE ENTERPRISES 22-19 41ST AVENUE LONG ISLAND CITY NY 11101 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,482.27

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3.127.	Nonpriority creditor's name and mailing address PENSKE TRUCK LEASING P.O. BOX 827380 PHILADELPHIA PA 19182-7380 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,705.67
3.128.	Nonpriority creditor's name and mailing address PERFORMANCE FOOD SERVICE ATTN: BRADLEY BOE, DIR. OF CREDIT 12650 E. ARAPAHOE ROAD, BLDG. D CENTENNIAL CO 80112 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,540.31
3.129.	Nonpriority creditor's name and mailing address PETERSIEL, SARAH Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$57.14

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3.130.	Nonpriority creditor's name and mailing address PETTY CASH ELENA EGOROVA 107 RACINE COURT MONTICELLO NY 12701 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$168.59
3.131.	Nonpriority creditor's name and mailing address PEYRAMAURE, MARIA Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$393.61
3.132.	Nonpriority creditor's name and mailing address PEYRAMAURE, VIRGILE Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$87.50

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3.133.	Nonpriority creditor's name and mailing address PHSI PURE WATER FINANCE P.O. BOX 404582 ATLANTA GA 30384-4582 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$285.00
3.134.	Nonpriority creditor's name and mailing address PITNEY BOWES /371874/16609661 PO BOX 371874 PITTSBURGH PA 15250-7874 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$63.87
3.135.	Nonpriority creditor's name and mailing address PITNEY BOWES INC./371887/7507487 PO BOX 371887 PITTSBURGH PA 15250-7887 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,844.88

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3.136.	Nonpriority creditor's name and mailing address PORTILLIO, JOSELYN Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$139.51
3.137.	Nonpriority creditor's name and mailing address PRODUCTION RESOURCE GROUP P.O. BOX 5115 NEW YORK NY 10087-5115 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$62,847.00
3.138.	Nonpriority creditor's name and mailing address PROGRAMMATIC MECHANICS 500 7TH AVENUE NEW YORK NY 10018 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$17,500.00

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3.139.	Nonpriority creditor's name and mailing address QUEENS COURIER 38-15 BELL BLVD. BAYSIDE NY 11361 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,800.00
3.140.	Nonpriority creditor's name and mailing address QUEENS ECONOMIC DEVELOPMENT 120-55 QUEENS BLVD. KEW GARDENS NY 11424 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$250.00
3.141.	Nonpriority creditor's name and mailing address RASKIN, KENNY Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$300.00

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3.142.	Nonpriority creditor's name and mailing address RHODE ISLAND NOVELTY, INC. PO BOX 9278 FALL RIVER MA 02720 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,411.68
3.143.	Nonpriority creditor's name and mailing address RIDER, LINDSAY Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,500.00
3.144.	Nonpriority creditor's name and mailing address RIGBY, JASON Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$330.10

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3.145.	Nonpriority creditor's name and mailing address ROSEASP.COM 11512 EL CAMINO REAL SAN DIEGO CA 92130 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$600.00
3.146.	Nonpriority creditor's name and mailing address RUDIN MANAGEMENT 345 PARK AVE, FL. 33 NEW YORK NY 10154-0004 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 type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$105,000.00
3.147.	Nonpriority creditor's name and mailing address SB NEW YORK PO BOX 203704 DALLAS TX 75320-3704 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,450.00

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3.148.	Nonpriority creditor's name and mailing address SEIDEN ADVERTISING 112 MADISON AVENUE NEW YORK NY 10016 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$202,947.26
3.149.	Nonpriority creditor's name and mailing address SEMICH, CHARLES, J. Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$400.00
3.150.	Nonpriority creditor's name and mailing address SKY WATER 8747 20TH AVENUE BROOKLYN NY 11214 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$665.00

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3.151.	Nonpriority creditor's name and mailing address SLIFKA, BARBARA Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$737,500.00
3.152.	Nonpriority creditor's name and mailing address SLOWIK, ROB Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$521.50
3.153.	Nonpriority creditor's name and mailing address SOCIAL THERAPY GROUP, LCSW, P.C. 106 S. OXFROD STREET BROOKLYN NY 11217 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$550.00

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3.154.	Nonpriority creditor's name and mailing address SOMERSET PATRIOTS BASEBALL CLUB 1 PATRIOTS PARK BRIDGEWATER NJ 08807 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,000.00
3.155.	Nonpriority creditor's name and mailing address SPOTLIGHT GRAPHICS 6054 CLARK CENTER ROAD SARASOTA FL 34238 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,478.37
3.156.	Nonpriority creditor's name and mailing address SQUARE ONE 1455 MARKET ST., SUITE 600 SAN FRANCISCO CA 94103 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$86,470.72

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3.157.	Nonpriority creditor's name and mailing address STAPLES BUSINESS ADVANTAGE DEPT. NY PO BOX 415256 BOSTON MA 02241-5256 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,366.40
3.158.	Nonpriority creditor's name and mailing address SULLIVAN, SKYLER Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$58.75
3.159.	Nonpriority creditor's name and mailing address SUNBELT RENTALS/GA PO BOX 409211 ATLANTA GA 30384-9211 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$127,684.66

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3.160.	Nonpriority creditor's name and mailing address SUTTMAN, ROBERT Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$668.63
3.161.	Nonpriority creditor's name and mailing address SYNCRO SERVICES, INC. 333 7TH AVENUE NEW YORK NY 10001 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$600.00
3.162.	Nonpriority creditor's name and mailing address TABNICK, MICHELLE M Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,611.05

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3.163.	Nonpriority creditor's name and mailing address TAFT FOUNDATION 1177 AVENUE OF THE AMERICAS NEW YORK NY 10036 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 type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$239,500.00
3.164.	Nonpriority creditor's name and mailing address THE HOLE IN THE WALL GANG FUND 555 LONG WHARF DR NEW HAVEN CT 06511 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 type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$38,750.00
3.165.	Nonpriority creditor's name and mailing address THE JAMES E AND DIANE W. BURKE FOUNDATION C/O JAMES BURKE P.O. BOX 1997 MORRISTOWN NJ 07962 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 type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$150,000.00

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3.166.	Nonpriority creditor's name and mailing address THE RUDIN FOUNDATIONS Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,000.00
3.167.	Nonpriority creditor's name and mailing address THEATER PROGRAMS, LLC 560 HARRISON AVENUE BOSTON MA 02118 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$984.00
3.168.	Nonpriority creditor's name and mailing address TIME OUT NEW YORK KIDS 405 PARK AVENUE NEW YORK NY 10022 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,261.74

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3.169.	Nonpriority creditor's name and mailing address TIME WARNER CABLE BUSINESS CLASS PO BOX 11820 NEWARK NJ 07101-8120 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,748.66
3.170.	Nonpriority creditor's name and mailing address TINSMAN, JIMMY Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$228.34
3.171.	Nonpriority creditor's name and mailing address UNITED RENTALS 6125 LAKEVIEW ROAD, SUITE 300 CHARLOTTE NC 28269 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,946.75

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3.172.	Nonpriority creditor's name and mailing address VALLEY STREAM GREEN ACRES LLC PO BOX 844377 LOS ANGELES CA 90084-4377 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$625.00
3.173.	Nonpriority creditor's name and mailing address VALPAK OF AMERICA 11030 JONES BRIDGE ROAD ALPHARETTA GA 30022 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,420.00
3.174.	Nonpriority creditor's name and mailing address VANCE, PATRICIA Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNDELIVERED SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,000.00

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3.175.	Nonpriority creditor's name and mailing address VARICK MEDIA MANAGEMENT 160 VARICK STREET NEW YORK NY 10013 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,554.85
3.176.	Nonpriority creditor's name and mailing address VERADATA 1910 PARK MEADOWS DRIVE FORT MYERS FL 33907 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,324.02
3.177.	Nonpriority creditor's name and mailing address VERIZON WIRELESS P.O. BOX 408 NEWARK NJ 07101-0408 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,889.52

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3.178.	Nonpriority creditor's name and mailing address VILLAGE OF WALDEN WATER & SEWER 1 MUNICIPAL SQUARE WALDEN NY 12586-1799 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,049.99
3.179.	Nonpriority creditor's name and mailing address VILLAGE OF WALDEN/DUMPSTERS COMMERCIAL REFUSE DEPT. 1 MUNICIPAL SQUARE WALDEN NY 12586-1799 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,469.33
3.180.	Nonpriority creditor's name and mailing address WABC-808 ATTN:WABC-808 PO BOX 732384 DALLAS TX 75373-2384 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25,249.25

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3.181.	Nonpriority creditor's name and mailing address WCBS AM PO BOX 33049 NEWARK NJ 07188 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,350.00
3.182.	Nonpriority creditor's name and mailing address WCBS TV 1700 BROADWAY 11TH FLOOR NEW YORK NY 10019 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,910.00
3.183.	Nonpriority creditor's name and mailing address WCBS-FM/CBS RADIO P.O. BOX 33049 NEWARK NJ 07188-0049 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,000.00

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3.184.	Nonpriority creditor's name and mailing address WCVB TV P.O. BOX 26874 LEHIGH VALLEY PA 18002-6874 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$39,151.80
3.185.	Nonpriority creditor's name and mailing address WEAVER, JUSTIN Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$185.34
3.186.	Nonpriority creditor's name and mailing address WEEKS LERMAN GROUP, LLC 58-38 PAGE PLACE MASPETH NY 11378 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$120.00

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3.187. Nonpriority creditor's name and mailing address WEISS, WILL MAITLAND Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$18,767.79
3.188. Nonpriority creditor's name and mailing address WESTCHESTER FAMILY 222 PURCHASE STREET RYE NY 10580-2101 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$990.00
3.189. Nonpriority creditor's name and mailing address WFXT-TV COX MEDIA GROUP-NE PO BOX 83143 CHICAGO IL 60691-0143 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$23,140.00

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3.190.	Nonpriority creditor's name and mailing address WGBH EDUCATIONAL FOUNDATION PO BOX 414670 BOSTON MA 02241-4670 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,050.00
3.191.	Nonpriority creditor's name and mailing address WHELAN GROUP, INC 315 WEST 36TH STREET NEW YORK NY 10018 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$88,567.88
3.192.	Nonpriority creditor's name and mailing address WHISPERS FROM THE MOON 2011 N. 78TH STREET ELMWOOD PARK IL 60707 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$225.00

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3.193.	Nonpriority creditor's name and mailing address WILEY, ANISSA Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,621.41
3.194.	Nonpriority creditor's name and mailing address WINDSTREAM PAETEC LOUISVILLE KY 40290-1013 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,729.87
3.195.	Nonpriority creditor's name and mailing address WINS-AM/CBS AM RADIO P.O. BOX 33085 NEWARK NJ 07188-0085 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,000.00

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3.196.	Nonpriority creditor's name and mailing address WINSLOW, KIM Address Intentionally Omitted 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$32.00
3.197.	Nonpriority creditor's name and mailing address WIRELESS SERVICES CENTER 6170 INNOVATION WAY CARLSBAD CA 92009 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$321.22
3.198.	Nonpriority creditor's name and mailing address WLVI-TV/CW56 7 BULFINCH PLACE BOSTON MA 02114-2977 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,858.20

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3.199.	Nonpriority creditor's name and mailing address WORLD AND EYE ARTS CENTER, INC. 109 NW 5TH STREET FORT LAUDERDALE FL 33301 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$250.00
3.200.	Nonpriority creditor's name and mailing address WORLDWIDE TICKETCRAFT 3606 QUANTUM BLVD. BOYNTON BEACH FL 33426 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,980.74
3.201.	Nonpriority creditor's name and mailing address WWFS-FM PO BOX 33086 NEWARK NJ 07188-0086 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,000.00

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3.202.	Nonpriority creditor's name and mailing address XEROX CORPORATION/ACCT 714127537 PO BOX 802555 CHICAGO IL 60680-2555 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,048.61
3.203.	Nonpriority creditor's name and mailing address XEROX CORPORATION/ACCT722064029 PO BOX 827598 PHILADELPHIA PA 19182-7598 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,737.23
3.204.	Nonpriority creditor's name and mailing address YAHOO INC. PO BOX 3003 CAROL STREME IL 60132-3003 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,000.06

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

ZUCKER, LISA
Address Intentionally Omitted

Date or dates debt was incurred

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:

TRADE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$600.00

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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
COHEN WEISS & SIMON LLP DAVID R HOCK; ZACHARY N LEEDS 330 WEST 42ND ST NEW YORK NY 10036	Part 2 line 3.7	_____
GOLENBOCK EISEMAN ASSOR BELL AND PESKOE LLP JONATHAN L FLAXER ESQ MICHAEL S WEINSTEIN ESQ 711 THIRD AVE NEW YORK NY 10017	Part 2 line 3.146	_____
KRAMER LEVIN NAFTALIS AND FRANKEL LLP ROBERT T SCHMIDT 1177 AVENUE OF THE AMERICAS NEW YORK NY 10036	Part 2 line 3.163	_____
WILLKIE FARR AND GALLAGHER LLP PAUL V SHALHOUB 787 SEVENTH AVE NEW YORK NY 10019-6099	Part 2 line 3.95	_____

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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.		\$200,022.63
5b. Total claims from Part 2	5b.	+	\$7,371,329.68
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$7,571,352.31

Fill in this information to identify the case:

Debtor name: TBAC Wind Down, Ltd.

United States Bankruptcy Court for the: Southern District of New York

Case number (if known): 16-13297

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 E/F
- ☐ 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 10/30/2017
MM/DD/YYYY

x

Signature of individual signing on behalf of debtor

Will Maitland Weiss

Printed name

Executive Director

Position or relationship to debtor