

Fill in this information to identify the case:

Debtor name Broncs, Inc.
United States Bankruptcy Court for the: Central District of California
Case number (if known): 8:19-bk-10941-CB (State)

☒ 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 <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>9,362,087.96</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>9,362,087.96</u>

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, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>4,424,369.10</u>
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 6a of <i>Schedule E/F</i>	\$ <u>7,551.07</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i>	+\$ <u>1,966,391.66</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>6,398,311.83</u>

Fill in this information to identify the case:

Debtor name Broncs, Inc.
 United States Bankruptcy Court for the: Central District of California
 Case number (if known): 8:19-bk-10941-CB

☒ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

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

Column A
Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 Creditor's name
AMERICAN CAPITAL GROUP INC
 Creditor's mailing address
23382 MILL CREEK DR
STE 750, IRVINE, CA 92618
 Creditor's email address, if known

 Date debt was incurred 9/22/14
 Last 4 digits of account number _____
 Do multiple creditors have an interest in the same property?
☒ Yes. Specify each creditor, including this creditor,

Describe debtor's property that is subject to a lien
SAMES SS-SI.16 Single Jersey Machine, S/N F-000993 listed on Sched A/B Rider 50.98

\$ 4,661.63

\$ 20,000.00

Describe the lien

Equipment Lease Agmt #30-01598

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name
AMERICAN CAPITAL GROUP, INC.
 Creditor's mailing address
23382 MILL CREEK DR
STE 115, LAGUNA HILLS, CA 92653
 Creditor's email address, if known

 Date debt was incurred 9/24/14
 Last 4 digits of account number _____
 Do multiple creditors have an interest in the same property?
☒ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

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

Describe debtor's property that is subject to a lien
SAMES SS-SI-5 Single Jersey Machine, S/N F-001137 listed on Schedule A/B Rider 50.97

\$ 4,756.80

\$ 20,000.00

Describe the lien

Equipment Lease #30-010443

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 4,424,369.10

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.3	<div><div>Creditor's name ASCENTUM CAPITAL LLC</div><div>Creditor's mailing address 23970 HWY 59 N HUMBLE, TX 77339</div><div>Creditor's email address, if known</div><div>Date debt was incurred 12/7/16</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div></div> <td><div><div>Describe debtor's property that is subject to a lien Textile Machine, 2 Rope Opening and Slitting line, RW 2600 X 2400FW listed on Sched A/B Rider 50.215</div><div>Describe the lien Equipment Financing Agmt #2211950</div><div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div><td><div>\$84,999.48</div><div>\$135,000.00</div></td></td>	<div><div>Describe debtor's property that is subject to a lien Textile Machine, 2 Rope Opening and Slitting line, RW 2600 X 2400FW listed on Sched A/B Rider 50.215</div><div>Describe the lien Equipment Financing Agmt #2211950</div><div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div> <td><div>\$84,999.48</div><div>\$135,000.00</div></td>	<div>\$84,999.48</div> <div>\$135,000.00</div>
2.4	<div><div>Creditor's name CAPITAL EQUIPMENT SOLUTIONS LLC</div><div>Creditor's mailing address 5480 Corporate Dr Ste 350 Troy, MI 48098</div><div>Creditor's email address, if known</div><div>Date debt was incurred 4/23/18</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div></div> <td><div><div>Describe debtor's property that is subject to a lien All assets</div><div>Describe the lien Security interest subject to senior liens</div><div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div><td><div>\$1,705,924.84</div><div>\$9,362,087.96</div></td></td>	<div><div>Describe debtor's property that is subject to a lien All assets</div><div>Describe the lien Security interest subject to senior liens</div><div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div> <td><div>\$1,705,924.84</div><div>\$9,362,087.96</div></td>	<div>\$1,705,924.84</div> <div>\$9,362,087.96</div>

Part 1: Additional Page

Column A Amount of claim	Column B Value of collateral that supports this claim
Do not deduct the value of collateral.	

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2.5 Creditor's name CIT DIRECT CAPITAL</p> <p>Creditor's mailing address 155 COMMERCE WAY PORTSMOUTH, NH 03801</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred <u>7/13/18</u> Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien New Compacting Machine Mod Complex revolution 2500 complete with all devices listed on Sched A/B Rider 50.226</p> <p>Describe the lien Master EFA Agmt #ME01730880</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$135,173.68 \$150,000.00</p>
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<p>2.6 Creditor's name CRESTHILL MANTIS FUNDING LLC</p> <p>Creditor's mailing address 64 BEAVER ST #344 NEW YORK, NY 10004</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred <u>12/14/18</u> Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p>_____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien Accounts Receivable</p> <p>Describe the lien Security interest subject to senior liens</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p>\$37,560.55 \$11,497.09</p>
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Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.7	<div>Creditor's name CRESTMARK EQUIPMENT FINANCE</div> <div>Creditor's mailing address 40950 WOODWARD AVE STE 201 BLOOMFIELD HILLS, MI 48304-5127</div> <div>Creditor's email address, if known</div> <div>Date debt was incurred 6/28/17</div> <div>Last 4 digits of account number</div> <div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div>	<div>Describe debtor's property that is subject to a lien Nesi Pugi PTT200 Set Making Machine S/N 28172119 listed on Sched A/B Rider 50.184</div> <div>Describe the lien Equipment Lease Agmt #160623-000</div> <div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div> <div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div>	<div>\$86,271.25</div> <div>\$70,000.00</div>
2.8	<div>Creditor's name EMPLOYMENT DEVELOPMENT DEPT</div> <div>Creditor's mailing address BANKRUPTCY GROUP MIC 92E POB 826880, SACRAMENTO, CA 94280</div> <div>Creditor's email address, if known</div> <div>Date debt was incurred 10/1-12/31/17</div> <div>Last 4 digits of account number</div> <div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div>	<div>Describe debtor's property that is subject to a lien All assets</div> <div>Describe the lien Tax Lien subject to senior liens</div> <div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div> <div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div>	<div>\$28,290.49</div> <div>\$9,362,087.96</div>

Part 1: Additional Page

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9
Creditor's name
FINANCIAL PACIFIC LEASING INC

Creditor's mailing address
3455 S 344TH WAY STE 300
FEDERAL WAY, WA 98063

Creditor's email address, if known

Date debt was incurred 1/8/18
Last 4 digits of account number

Do multiple creditors have an interest in the same property?
☒ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe debtor's property that is subject to a lien
Tubetex Rfg. Napping/Raising Machine #RF0160 S/N 112. Contract #001-0890343-905 listed on Sched A/B Rider 50.227

\$51,721.24

\$10,000.00

Describe the lien
Lease Agmt

Is the creditor an insider or related party?
☒ No
☐ Yes

Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

2.10
Creditor's name
FINANCIAL PACIFIC LEASING INC

Creditor's mailing address
3455 S 344TH WAY STE 300
FEDERAL WAY, WA 98063

Creditor's email address, if known

Date debt was incurred 2/5/17
Last 4 digits of account number

Do multiple creditors have an interest in the same property?
☒ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

Describe debtor's property that is subject to a lien
Lafer Open Width Compactor, Model KST500 H=2600, S/N 10KST4531 listed on Sched A/B Rider 50.239

\$73,699.67

\$100,000.00

Describe the lien
Financing Agmt

Is the creditor an insider or related party?
☒ No
☐ Yes

Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.				
2.11	<div><div>Creditor's name HAPPY ROCK MERCHANT SOLUTIONS LLC dba GoCap Financial</div><div>Creditor's mailing address 149 W 36TH ST, 12TH FL NEW YORK, NY 10018</div><div>Creditor's email address, if known</div><div>Date debt was incurred 3/27/18</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property?<div><div><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</div><div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div></div></div><div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div></div></div>	<div><div>Describe debtor's property that is subject to a lien All assets</div><div>Describe the lien Security interest subject to senior liens</div><div>Is the creditor an insider or related party?<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div></div><div>Is anyone else liable on this claim?<div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div></div><div>As of the petition filing date, the claim is: Check all that apply.<div><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</div></div></div>	\$436,489.19	\$9,362,087.96
2.12	<div><div>Creditor's name HITACHI CAPITAL AMERICA CORP</div><div>Creditor's mailing address 7808 CREEKRIDGE CIR STE 250 EDINA, MN 55439</div><div>Creditor's email address, if known</div><div>Date debt was incurred 5/31/18</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property?<div><div><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</div><div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div></div></div><div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div></div></div>	<div><div>Describe debtor's property that is subject to a lien 1-Dual Flow High Pressure Rapid Dying Machine; 2 Tubes Loading Capacity 350-500 Kg batch w/DTC 7700 Controller listed on Sched A/B Rider 50.207</div><div>Describe the lien Installment Payment Agmt #4486400-001</div><div>Is the creditor an insider or related party?<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div></div><div>Is anyone else liable on this claim?<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div></div><div>As of the petition filing date, the claim is: Check all that apply.<div><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div></div>	\$50,085.15	\$65,000.00

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.13 Creditor's name
INTERNATIONAL FINANCIAL SVC CORP

Describe debtor's property that is subject to a lien

Mario Cresta Napper Model MC 20/24
Double Drum MC20/24 Raising Machine
listed on Sched A/B Rider 50.233

\$171,905.59

\$105,000.00

Creditor's mailing address

1113 S MILWAUKEE AVE STE 301
LIBERTYVILLE, IL 60048

Creditor's email address, if known

Date debt was incurred 7/10/18

Last 4 digits of account
number

Describe the lien

Equipment Financing Agmt #2403810

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

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

2.14 Creditor's name
KNIGHT CAPITAL FUNDING

Describe debtor's property that is subject to a lien

All assets

\$177,948.05

\$9,362,087.96

Creditor's mailing address

9 E LOOCKERMAN ST
STE 202-543, DOVER, DE 19901

Creditor's email address, if known

Date debt was incurred 10/24/18

Last 4 digits of account
number

Describe the lien

Security interest subject to senior liens

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☐ Unliquidated
☒ Disputed

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

Part 1: Additional Page

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.15 Creditor's name LCA BANK CORPORATION/STRADA CAPITAL CORP	Describe debtor's property that is subject to a lien Data Color Auto Lab SPS listed on Sched A/B Rider 50.20, 50.21, 50.22	\$57,849.89	\$45,000.00
Creditor's mailing address 23046 AVENIDA DE LA CARLOTA STE 350, LAGUNA HILLS, CA 92653			
Creditor's email address, if known			
Date debt was incurred 2/24/2017	Describe the lien Lease Agmt #100-014365		
Last 4 digits of account number			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2.16 Creditor's name LIBERTY PROPERTY LTD PTNSHP	Describe debtor's property that is subject to a lien Security Deposit	\$ 627,685.06	\$ 241,200.00
Creditor's mailing address 650 E SWEDESFORD RD STE 400 WAYNE, PA 19087			
Creditor's email address, if known			
Date debt was incurred 4/2017	Describe the lien Real Property Lease Agmts		
Last 4 digits of account number			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.17	<div><div>Creditor's name PAWNEE LEASING CORP</div><div>Creditor's mailing address 3801 AUTOMATION WAY STE 207 COLLINS, CO 80525</div><div>Creditor's email address, if known</div><div>Date debt was incurred 2/28/17</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div></div>	<div><div>Describe debtor's property that is subject to a lien Lafer Open Width Compactor, Model KSA500 H=2600, S/N 10 AZL4452 listed on Sched A/B Rider 50.225</div><div>Describe the lien Lease Agmt</div><div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div>	<div>\$62,139.91</div> <div>\$175,000.00</div>
2.18	<div><div>Creditor's name PROVIDENCE CAPITAL FUNDING</div><div>Creditor's mailing address 145 BLACKBURN ST YORK, SC 29745</div><div>Creditor's email address, if known</div><div>Date debt was incurred 1/15/17</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div></div>	<div><div>Describe debtor's property that is subject to a lien Lafer Open Width Compactor, Model KSA500 H=2600, S/N 10KS04482 listed on Sched A/B Rider 50.225</div><div>Describe the lien Lease Agmt</div><div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div>	<div>\$64,826.56</div> <div>\$175,000.00</div>

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.				
2.19	<div><div>Creditor's name</div><div>STEARNS BANK NA / EQUIPMENT FINANCE DIV</div><div>Creditor's mailing address</div><div>500 13TH ST, PO BOX 750 ALBANY, MN 56307</div><div>Creditor's email address, if known</div><div></div><div>Date debt was incurred 2/5/17</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property?</div><div><div><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</div><div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div></div><div></div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div></div>	<div><div>Describe debtor's property that is subject to a lien</div><div>Fi-Tech Two Slitter Machines listed on Sched A/B Rider 50.215, 50.236</div><div>Describe the lien</div><div>Lease Agmt #2118333-001</div><div>Is the creditor an insider or related party?</div><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim?</div><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div>	<div>\$68,017.00</div>	<div>\$80,955.00</div>
2.20	<div><div>Creditor's name</div><div>STRADA CAPITAL CORP</div><div>Creditor's mailing address</div><div>23046 AVENIDA DE LA CARLOTA STE 350, LAGUNA HILLS, CA 92653</div><div>Creditor's email address, if known</div><div></div><div>Date debt was incurred 10/25/17</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property?</div><div><div><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</div><div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div></div><div></div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div></div>	<div><div>Describe debtor's property that is subject to a lien</div><div>Used Vanguard Supreme Knitting machines/Feed Needles listed on Sched A/B Rider 50.84, 50.85, 50.87, 50.88, 50.89</div><div>Describe the lien</div><div>Equipment Finance Agmt # 10-015918</div><div>Is the creditor an insider or related party?</div><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim?</div><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div>	<div>\$39,060.02</div>	<div>\$ 21,000.00</div>

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.21	<div>Creditor's name STRADA CAPITAL CORP</div> <div>Creditor's mailing address 23046 AVENIDA DE LA CARLOTA STE 350, LAGUNA HILLS, CA 92653</div> <div>Creditor's email address, if known</div> <div>Date debt was incurred 6/19/2017</div> <div>Last 4 digits of account number</div> <div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div>	<div>Describe debtor's property that is subject to a lien 2007 Genie Z-45/25J Articulated Boom Lift; Kubota RTV900 2 Passenger Vehicle 4X4 listed on Sched A/B Rider 50.274 and 50.275</div> <div>Describe the lien Equipment Finance Agmt #10-015425</div> <div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div> <div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div>	<div>\$6,152.00</div> <div>\$20,000.00</div>
2.22	<div>Creditor's name STRADA CAPITAL CORP</div> <div>Creditor's mailing address 23046 AVENIDA DE LA CARLOTA STE 350, LAGUNA HILLS, CA 92653</div> <div>Creditor's email address, if known</div> <div>Date debt was incurred</div> <div>Last 4 digits of account number</div> <div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div>	<div>Describe debtor's property that is subject to a lien AutoLab SPS Solution Preparation System listed on Sched A/B Rider 50.21, 50.22</div> <div>Describe the lien Lease Agreement No. 10-014365</div> <div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div> <div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div>	<div>\$57,849.89</div> <div>\$31,000.00</div>

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.23	<div>Creditor's name STRADA CAPITAL FINANCE/AMUR EQUIPMENT FINANCE</div> <div>Creditor's mailing address 308 N LOCUST ST STE 100 GRAND ISLAND, NE 68801</div> <div>Creditor's email address, if known</div> <div>Date debt was incurred 6/7/2017</div> <div>Last 4 digits of account number</div> <div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div>	<div>Describe debtor's property that is subject to a lien Fi-Tech N 1 Superslit slitting line No 4 and accessories listed on Sched A/B Rider 50.215</div> <div>Describe the lien Agreement. No. 14415</div> <div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div> <div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div>	<div>\$42,824.18</div> <div>\$135,000.00</div>
2.24	<div>Creditor's name TECHNOLOGY FINANCE CORP</div> <div>Creditor's mailing address 7077 E MARILYN RD STE 125 SCOTTSDALE, AZ 85254</div> <div>Creditor's email address, if known</div> <div>Date debt was incurred 8/11/17</div> <div>Last 4 digits of account number</div> <div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div>	<div>Describe debtor's property that is subject to a lien Superslit Slitting Line Roller w/MM 2600 Working Width Arm listed on Sched A/B Rider 50-236</div> <div>Describe the lien Equipment Finance Agmt #1988-003-003</div> <div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div> <div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div>	<div>\$45,242.06</div> <div>\$45,000.00</div>

Part 1: Additional Page

Column A Amount of claim	Column B Value of collateral that supports this claim
Do not deduct the value of collateral.	

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2.25 Creditor's name TECHNOLOGY FINANCE CORP</p> <p>Creditor's mailing address 7077 E MARILYN RD STE 125 SCOTTSDALE, AZ 85254</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>11/3/2017</u> Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien Computer Color Kitchen - Auto Actual Checking Dispensing System listed on Sched A/B Rider 50.17</p> <p>Describe the lien Equipment Finance Agmt #1988-004</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$42,393.56 \$45,000.00</p>
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<p>2.26 Creditor's name TECHNOLOGY FINANCE CORP</p> <p>Creditor's mailing address 7077 E MARILYN RD STE 125 SCOTTSDALE, AZ 85254</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>8/1/17</u> Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien Superslit Slitting Line Roller w/MM 2600 Working Width Arm listed on Sched A/B Rider 50.235</p> <p>Describe the lien Master Lease Agmt #1988-001</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$53,802.94 \$150,000.00</p>
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Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.27 **Creditor's name**
 TECHNOLOGY FINANCE CORPORATION

Describe debtor's property that is subject to a lien

Creditor's mailing address

7077 EAST MARILYN RD STE 125
 SCOTTSDALE, AZ 85254

Creditor's email address, if known

Ferraro Easy Complex FV 1500 Shrinking Machine for Tubular Knit Fabric listed on Sched A/B Rider 50.240

\$64,405.34

\$80,000.00

Date debt was incurred 6/1/17

Last 4 digits of account number

Describe the lien

Equipment Lease #1988-002

Do multiple creditors have an interest in the same property?

- ☒ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

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

2.28 **Creditor's name**
 TOYOTA FINANCIAL

Describe debtor's property that is subject to a lien

Creditor's mailing address

8951 CYPRESS WATERS BLVD #300
 COPPELL, TX 75019

Creditor's email address, if known

2 Toyota Forklifts Model 8FGCU30; Serial Nos 66669, 66645 (Rebas Inc) listed on Sched A/B Rider 50.246 and 50.247

\$30,276.71

\$16,000.00

Date debt was incurred 3/21/17

Last 4 digits of account number

Describe the lien

Equipment Lease Agmt No. 40642506

Do multiple creditors have an interest in the same property?

- ☒ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

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

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.29	<div><div>Creditor's name TOYOTA FINANCIAL</div><div>Creditor's mailing address 8951 CYPRESS WATERS BLVD #300 COPPELL, TX 75019</div><div>Creditor's email address, if known</div><div>Date debt was incurred 6/26/17</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div></div> <td><div><div>Describe debtor's property that is subject to a lien 6 Toyota Pallet Jacks, Model 8HBW23; Serial Nos. 22357, 22362, 22363, 22457, 22364, 22365 (SW Material Handling)</div><div>Describe the lien Equipment Lease Agmt</div><div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div><td><div>\$12,521.46</div><div>\$22,500.00</div></td></td>	<div><div>Describe debtor's property that is subject to a lien 6 Toyota Pallet Jacks, Model 8HBW23; Serial Nos. 22357, 22362, 22363, 22457, 22364, 22365 (SW Material Handling)</div><div>Describe the lien Equipment Lease Agmt</div><div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div> <td><div>\$12,521.46</div><div>\$22,500.00</div></td>	<div>\$12,521.46</div> <div>\$22,500.00</div>
2.30	<div><div>Creditor's name TOYOTA FINANCIAL</div><div>Creditor's mailing address 8951 CYPRESS WATERS BLVD #300 COPPELL, TX 75019</div><div>Creditor's email address, if known</div><div>Date debt was incurred 3/14/2017</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div></div> <td><div><div>Describe debtor's property that is subject to a lien 2 Toyota Forklifts, Model 8FGCU20, Serial Nos 81581, 81588 listed on Sched A/B Rider 50.187</div><div>Describe the lien Equipment Lease Agmt</div><div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div><td><div>\$36,857.94</div><div>\$ 2,000.00</div></td></td>	<div><div>Describe debtor's property that is subject to a lien 2 Toyota Forklifts, Model 8FGCU20, Serial Nos 81581, 81588 listed on Sched A/B Rider 50.187</div><div>Describe the lien Equipment Lease Agmt</div><div>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div> <td><div>\$36,857.94</div><div>\$ 2,000.00</div></td>	<div>\$36,857.94</div> <div>\$ 2,000.00</div>

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.31	<div><div>Creditor's name</div><div>YELLOWSTONE CAPITAL WEST LLC</div><div>Creditor's mailing address</div><div>116 NASSAU ST STE 804 NEW YORK, NY 10038</div><div>Creditor's email address, if known</div><div>Date debt was incurred 10/15/18</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property?</div><div><div><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</div><div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div></div><div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div><div></div></div></div>	<div><div>Describe debtor's property that is subject to a lien</div><div>All assets</div><div>Describe the lien</div><div>Security interest subject to senior liens</div><div>Is the creditor an insider or related party?</div><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim?</div><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</div></div>	<div><div>\$62,976.97</div><div>\$9,362,087.96</div></div>
2.	<div><div>Creditor's name</div><div>Creditor's mailing address</div><div>Creditor's email address, if known</div><div>Date debt was incurred</div><div>Last 4 digits of account number</div><div>Do multiple creditors have an interest in the same property?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes. Have you already specified the relative priority?</div><div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div></div><div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div><div></div></div></div>	<div><div>Describe debtor's property that is subject to a lien</div><div>Describe the lien</div><div>Is the creditor an insider or related party?</div><div><input type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim?</div><div><input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div></div>	<div><div>\$</div><div>\$</div></div>

Debtor Broncs, Inc.
Name
Case number (if known) 8:19-bk-10941-CB

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

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

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

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
HUNTINGTON TECHNOLOGY FINANCE INC 2285 FRANKLIN RD Bloomfield Hills, MI, 48302	Line 2. <u>24</u>	_____
HUNTINGTON TECHNOLOGY FINANCE INC 2285 FRANKLIN RD Bloomfield Hills, MI, 48302	Line 2. <u>26</u>	_____
HUNTINGTON TECHNOLOGY FINANCE INC 2285 FRANKLIN RD Bloomfield Hills, MI, 48302	Line 2. <u>25</u>	_____
J Scott Bovitz Bovitz & Spitzer 1100 Wilshire Blvd Ste 2403 Los Angeles, CA, 90017-1961	Line 2. <u>11</u>	_____
KEY EQUIPMENT FINANCE 7077 E MARILYN RD STE 125 SCOTTSDALE, AZ, 85254	Line 2. <u>27</u>	_____
Loeb Long Term Solutions LLC 4131 S State St Chicago, IL, 60609	Line 2. <u>4</u>	_____
Southwest Material Handling Toyota Lift PO Box 1070 3725 Nobel Ct Mira Loma, CA, 91752	Line 2. <u>29</u>	_____
TRITON CAPITAL 1660 HOTEL CIR N STE 215 SAN DIEGO, CA, 92108	Line 2. <u>10</u>	_____
TRITON CAPITAL 1660 HOTEL CIR N STE 215 SAN DIEGO, CA, 92108	Line 2. <u>12</u>	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____
	Line 2. ____	_____

Fill in this information to identify the case:

Debtor Broncs, Inc.

United States Bankruptcy Court for the: Central District of California

Case number 8:19-bk-10941-CB
(If known)

☒ 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

ABREGO LEODEGARIO
10325 GRAPE ST

LOS ANGELES, CA, 90002

Date or dates debt was incurred
3/8/2019

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:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

\$ 0.00

Priority amount

\$ 2,068.50

2.2 Priority creditor's name and mailing address

AGUIRRE FEDERICO
523 S LEMON ST

ANAHEIM, CA, 92805

Date or dates debt was incurred

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:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 0.00

\$ 0.00

2.3 Priority creditor's name and mailing address

AGUIRRE-TAVIRA ARELI
219 W 57TH ST

LOS ANGELES, CA, 90032

Date or dates debt was incurred

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:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 0.00

\$ 0.00

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴ Priority creditor's name and mailing address

\$0.00

\$0.00

BASILIO JOSE
142 W 83RD ST 1

LOS ANGELES, CA, 90003

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ⁵ Priority creditor's name and mailing address

\$0.00

\$1,670.00

BELTRAN RAYMUNDO
1157 LOS PALOS ST

LOS ANGELES, CA, 90023

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ⁶ Priority creditor's name and mailing address

\$0.00

\$1,438.76

CAMPOS CESAR BALLINAS
6801 OTIS AVE

BELL, CA, 90201

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ⁷ Priority creditor's name and mailing address

\$0.00

\$0.00

CAMPUZANO ANDRES
1491 E 25TH ST

LOS ANGELES, CA, 90011

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8 Priority creditor's name and mailing address

\$0.00

\$1,438.07

CATALAN JORGE
1964 E 130TH ST

COMPTON, CA, 90222

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/22/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.9 Priority creditor's name and mailing address

\$0.00

\$0.00

CITY OF GARDEN GROVE
1122 ACACIA PKWY
Anaheim, CA, 92804

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.10 Priority creditor's name and mailing address

\$0.00

\$0.00

COUNTY OF ORANGE
PO BOX 4515
TREASURER TAX COLLECTOR
SANTA ANA, CA, 92702-4515

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2.11 Priority creditor's name and mailing address

\$0.00

\$1,695.69

CUEVAS OSCAR
440 W LA VETA AVE 3

ORANGE, CA, 92866

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
numberSpecify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ¹² Priority creditor's name and mailing address

\$0.00

\$498.14

CURIEL ELIDA
11408 LONG BEACH BLVD

LYNWOOD, CA, 90206

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

2. ¹³ Priority creditor's name and mailing address

\$0.00

\$1,193.27

DAO DOMINIC HUNG
9562 WASHINGTON AVE
APT#4
GARDEN GROVE, CA, 92844

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

2. ¹⁴ Priority creditor's name and mailing address

\$0.00

\$0.00

DELGADO PABLO
1633 E 45TH ST

LOS ANGELES, CA, 90011

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

2. ¹⁵ Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$1,620.00

\$1,620.00

DEPT OF INDUSTRIAL RELATIONS
320 W. 4th Street
Suite 450
Los Angeles, CA, 90013

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Contributions to employee benefits

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ¹⁶ Priority creditor's name and mailing address

\$0.00

\$0.00

DOMINGUEZ MIGUEL ANGEL
811 S FAIRVIEW ST P2

SANTA ANA, CA, 92704

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ¹⁷ Priority creditor's name and mailing address

\$0.00

\$702.54

ENRIQUEZ RAMIRO
6976 LONG BEACH BLVD APT7

LONG BEACH, CA, 90805

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ¹⁸ Priority creditor's name and mailing address

\$0.00

\$0.00

FLORES LUIS
1186 12 E 56 ST

LOS ANGELES, CA, 90011

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ¹⁹ Priority creditor's name and mailing address

\$830.00

\$830.00

FRANCHISE TAX BOARD
BANKRUPTCY SECTION MS A-340
PO BOX 2952
SACRAMENTO, CA, 95812-2952

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

2018

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ²⁰ Priority creditor's name and mailing address

\$0.00

\$0.00

FRANCISCO TOMAS J
151 E 54TH ST

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

LOS ANGELES, CA, 90011

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²¹ Priority creditor's name and mailing address

\$0.00

\$0.00

GASCA MIGUEL
1723 E 112 TH ST

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

LOS ANGELES, CA, 90059

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²² Priority creditor's name and mailing address

\$102.43

\$

HONG DAVID YOUNGKI
12522 SEMORA ST

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

CERRITOS, CA, 90703

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²³ Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$0.00

\$1,969.29

HUYNH VAN BO
10321 LAMPSON AVE

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

GARDEN GROVE, CA, 92840

Date or dates debt was incurred

Basis for the claim:

3/8/2019

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ²⁴ Priority creditor's name and mailing address

\$ 930.24

\$ 930.24

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA, 19101-7346

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁵ Priority creditor's name and mailing address

\$ 1,271.67

\$

JESUS FLORES HERRERA

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁶ Priority creditor's name and mailing address

\$ 0.00

\$ 0.00

JIMENEZ FLUMENCIO
4037 34 MORGAN AVE
LOS ANGELES, CA, 90011

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁷ Priority creditor's name and mailing address

\$ 0.00

\$ 6,188.35

LEE SAM YOUNG
1259 W 168TH ST 6
GARDENA, CA, 90247

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

3/8/2019

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ²⁸ Priority creditor's name and mailing address

\$0.00

\$0.00

LLAMAS ADRIAN GARCIA
827 W 43RD ST
APT #107
LOS ANGELES, CA, 90037

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁹ Priority creditor's name and mailing address

\$0.00

\$0.00

LOPEZ AMBROSIO
6040 COMPTON AVE

LOS ANGELES, CA, 90001

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁰ Priority creditor's name and mailing address

\$1,691.44

\$1,691.44

LOS ANGELES COUNTY TAX COLLECTOR
PO BOX 54027
Los Angeles, CA, 90054

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³¹ Priority creditor's name and mailing address

\$0.00

\$1,309.35

MENDOZA TONIEL ALVAREZ
1463 118 E 25TH ST

LOS ANGELES, CA, 90011

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

3/8/2019

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ³² Priority creditor's name and mailing address

\$0.00

\$0.00

MOLINA GABRIEL
5350 BLACKWELDER ST

LOS ANGELES, CA, 90016

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³³ Priority creditor's name and mailing address

\$0.00

\$0.00

MORALES ROBERTO
6518 PROSPECT AVE
APT C
BELL, CA, 90201

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁴ Priority creditor's name and mailing address

\$0.00

\$2,525.67

MORENO PEDRO CATALAN
434 OLIVE AVE 5

LONG BEACH, CA, 90802

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

3/8/2019

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁵ Priority creditor's name and mailing address

\$0.00

\$0.00

NGUYEN THE T
9362 MELBA DR

GARDEN GROVE, CA, 92841

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ³⁶ Priority creditor's name and mailing address

\$0.00

\$1,636.85

NGUYEN THONG
13581 PALOMAR ST

WESTMINSTER, CA, 92683

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁷ Priority creditor's name and mailing address

\$0.00

\$1,754.92

NOLASCO ARCADIO
1212 N TAMARIND AVE

COMPTON, CA, 90222

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁸ Priority creditor's name and mailing address

\$0.00

\$3,926.78

ORTIZ MANUEL
1424 W BEVERLY TER

MONTELBEELO, CA, 90640

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁹ Priority creditor's name and mailing address

\$0.00

\$0.00

PARALTA EDUARDO
1313 LOS CANTOS AVE

ARVIN, CA, 93203

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴⁰	Priority creditor's name and mailing address	\$0.00	\$1,211.33
	PEREZ FRANCISCO J 1349 N BALLISTA AVE LA PUENTE, CA, 91744	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 3/8/2019	Basis for the claim: Wages, Salaries, Commissions	
	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. ⁴¹	Priority creditor's name and mailing address	\$0.00	\$1,794.20
	PEREZ RENYO ANTONIO J 14403 CERECITA DR WHITTIER, CA, 90604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 3/8/2019	Basis for the claim: Wages, Salaries, Commissions	
	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. ⁴²	Priority creditor's name and mailing address	\$0.00	\$1,260.28
	PHAM MINH VAN 235 S BEACH BLVD SPC#105 ANAHEIM, CA, 92804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 3/8/2019	Basis for the claim: Wages, Salaries, Commissions	
	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. ⁴³	Priority creditor's name and mailing address	\$0.00	\$0.00
	RIOS OMAR 315 1/2 WEST 46 ST LOS ANGELES, CA, 90037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Wages, Salaries, Commissions	
	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)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴⁴ Priority creditor's name and mailing address

\$0.00

\$1,087.98

ROMERO NICOLAS
11516 12 S BUDLONG AVE

LOS ANGELES, CA, 90044

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ⁴⁵ Priority creditor's name and mailing address

\$0.00

\$0.00

SANTIAGO JUAN
4419 AVALON BLVD
APT 12
LOS ANGELES, CA, 90011

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ⁴⁶ Priority creditor's name and mailing address

\$0.00

\$0.00

STATE BOARD OF EQUALIZATION
ACCOUNT INFORMATION GROUP MIC 29
PO BOX 942879
SACRAMENTO, CA, 94279-0029

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ⁴⁷ Priority creditor's name and mailing address

\$0.00

\$1,122.99

TRAN BAY
917 S BRUCE ST

ANAHEIM, CA, 92804

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. ⁴⁸ Priority creditor's name and mailing address

\$ 1,105.29

\$ 1,105.29

TRINH HOWARD
841 KINGSLEY DR

ARCADIA, CA, 91007

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ⁴⁹ Priority creditor's name and mailing address

\$ 0.00

\$ 141.13

YANEZ RIGOBERTO
401 W ROOSEVELT AVE
APT 12
MONTEBELLO, CA, 90640

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

3/8/2019

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁵⁰ Priority creditor's name and mailing address

\$ 0.00

\$ 4,548.25

YOON DAE S
1131 W SEPULVEDA BLVD
#N-204
Torrance, CA, 90502

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

3/8/2019

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

- ☒ No
☐ Yes

2. ⁵¹ Priority creditor's name and mailing address

\$ 0.00

\$ 0.00

ZUNIGA ANGEL
11111 BARCLAY DR

GARDEN GROVE, CA, 92841

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
☐ Yes

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.

		Amount of claim
<div> <div>3.1</div> <div> Nonpriority creditor's name and mailing address A AND R BOX 1160 N ARMANDO ST ANAHEIM, CA, 92806 </div> </div>	<div> As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed </div> <div> Basis for the claim: Suppliers or Vendors </div>	<div> \$ 0.00 </div>
<div> Date or dates debt was incurred Last 4 digits of account number </div>	<div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	
<div> <div>3.2</div> <div> Nonpriority creditor's name and mailing address AERIOCONNECT 107 N REINO RD #231 NEWBURY PARK, CA, 91320 </div> </div>	<div> As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div> Basis for the claim: Suppliers or Vendors </div>	<div> \$ 2,400.18 </div>
<div> Date or dates debt was incurred Last 4 digits of account number </div>	<div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	
<div> <div>3.3</div> <div> Nonpriority creditor's name and mailing address AMERICAN EXPRESS PO Box 981535 El Paso, TX, 79998-1535 </div> </div>	<div> As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div> Basis for the claim: Credit Card Debt </div>	<div> \$ 11,831.44 </div>
<div> Date or dates debt was incurred Last 4 digits of account number </div>	<div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	
<div> <div>3.4</div> <div> Nonpriority creditor's name and mailing address AMERITEX 13610 IMPERIAL HWY STE 2 Santa Fe Springs, CA, 90670 </div> </div>	<div> As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div> Basis for the claim: Suppliers or Vendors </div>	<div> \$ 4,501.58 </div>
<div> Date or dates debt was incurred Last 4 digits of account number </div>	<div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	
<div> <div>3.5</div> <div> Nonpriority creditor's name and mailing address ANTEXTETIL SA DE CV CIUDAD INDUSTRIAL XICOHTENCATL III C CENTRAL LOTE 3A MANZANA 2 90250 TLAXCO, MEXICO </div> </div>	<div> As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div> Basis for the claim: Suppliers or Vendors </div>	<div> \$ 48,277.28 </div>
<div> Date or dates debt was incurred Last 4 digits of account number </div>	<div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	
<div> <div>3.6</div> <div> Nonpriority creditor's name and mailing address APOLLO TECHNOLOGIES 31441 Santa Margarita Pkwy A-219 Rancho Santa Margarita, CA, 92688 </div> </div>	<div> As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div> Basis for the claim: Suppliers or Vendors </div>	<div> \$ 4,920.00 </div>
<div> Date or dates debt was incurred Last 4 digits of account number </div>	<div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </div>	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3. ⁷	<div>Nonpriority creditor's name and mailing address</div> <div>AZITEX TRADING CORP 1850 E 15TH ST LOS ANGELES, CA, 90021</div> <div>Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>\$ 9,919.43</div> <div>Basis for the claim: Suppliers or Vendors</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
3. ⁸	<div>Nonpriority creditor's name and mailing address</div> <div>BANK OF AMERICA PO Box 98238 El Paso, TX, 79998-2238</div> <div>Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>\$ 4,705.82</div> <div>Basis for the claim: Overdrawn Bank Account</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
3. ⁹	<div>Nonpriority creditor's name and mailing address</div> <div>BNSF LOGISTICS 1600 LAKESIDE PKWY FLOWER MOUND, TX, 75028</div> <div>Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>\$ 2,679.21</div> <div>Basis for the claim: Suppliers or Vendors</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
3. ¹⁰	<div>Nonpriority creditor's name and mailing address</div> <div>C S AMERICA INC 1305 GRAHAM ST BURLINGTON, NC, 27217</div> <div>Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>\$ 2,723.76</div> <div>Basis for the claim: Suppliers or Vendors</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
3. ¹¹	<div>Nonpriority creditor's name and mailing address</div> <div>CABRERA JOSE 10691 STAMPS RD DOWNEY, CA, 90241</div> <div>Date or dates debt was incurred _____ Last 4 digits of account number _____</div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>\$ 6,106.75</div> <div>Basis for the claim: Suppliers or Vendors</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address CALIFORNIA COAST CREDIT UNION PO BOX 502080 SAN DIEGO, CA, 92150	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3. ¹³	Nonpriority creditor's name and mailing address CALIFORNIA WATER BOARDS PO BOX 1977 SACRAMENTO, CA, 95812	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,400.00
3. ¹⁴	Nonpriority creditor's name and mailing address CAMACHO JOSE ALBERTO ALVAREZ 16338 1/2 CORNUTA AVE BELLFLOWER, CA, 90706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 27.86
3. ¹⁵	Nonpriority creditor's name and mailing address CAPITAL ONE PO Box 60599 City of Industry, CA, 91716	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number 6449	\$ 9,085.40
3. ¹⁶	Nonpriority creditor's name and mailing address CAPITAL TEXTILE GROUP INC 967 E SANDHILL AVE CARSON, CA, 90746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00

Part 2: Additional Page

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Amount of claim

3.17	Nonpriority creditor's name and mailing address CHASE PO Box 15298 Wilmington, DE, 19850	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,217.61
	Date or dates debt was incurred Last 4 digits of account number 2219	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address CHASE PO Box 15298 Wilmington, DE, 19850	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 27,971.21
	Date or dates debt was incurred Last 4 digits of account number 7746	Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address CITY OF GARDEN GROVE WATER DEPT 11222 ACACIA PKWAY GARDEN GROVE, CA, 92840	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 274,589.90
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Utility Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address COLOR MASTER INDUSTRIES INC 17155 MARGAY AVE CARSON, CA, 90746	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,400.00
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address CONCENTRA 40 CENTERPOINTE DR LA PALMA, CA, 90623	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,400.47
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ²² Nonpriority creditor's name and mailing address COWAY USA INC 4221 Wilshire Blvd #210 Los Angeles, CA, 90010	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: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3. ²³ Nonpriority creditor's name and mailing address DELUXE PO BOX 742572 CINCINNATI, OH, 45274-2572	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 547.84
3. ²⁴ Nonpriority creditor's name and mailing address DIVERSITY LAW GROUP 515 SOUTH FIGUEROA ST STE 1250 LOS ANGELES, CA, 90071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 16,589.87
3. ²⁵ Nonpriority creditor's name and mailing address DMV 12645 BEACH BLVD STANTON, CA, 90680	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,469.00
3. ²⁶ Nonpriority creditor's name and mailing address ELGORT TEXTILE ASSOCIATES INC 145 BLACKBURN ST YORK, SC, 29745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Vendor for Lafer Open Width Compactor, #KSA5000 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²⁷ Nonpriority creditor's name and mailing address EMPLOYERS ASSURANCE 7110 N FRESNO ST STE 250 Fresno, CA, 93720	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 84,324.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁸ Nonpriority creditor's name and mailing address ESCOBAR AURELIO C/O ARMOND M JACKSON 2 VENTURE PLZ STE 240 IRVINE, CA, 92618	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Litigation: Case #30-2018-00979111 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ²⁹ Nonpriority creditor's name and mailing address ESCOBAR AURELIO C/O ARMOND M JACKSON 2 VENTURE PLZ STE 240 IRVINE, CA, 92618	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Litigation: Case #30-2018-01018964 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³⁰ Nonpriority creditor's name and mailing address EWOO CO 636-3 IDONG KOO-RI SOHOL-EUB POCHHEON-SI GYEONGGI-DO, SOUTH KOREA	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ³¹ Nonpriority creditor's name and mailing address F AND F KNITTING MILLS 4291 BANDINI BLVD VERNON, CA, 90058	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ³² Nonpriority creditor's name and mailing address FAMVANS 10870 Kalama River Ave Fountain Valley, CA, 92708 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3. ³³ Nonpriority creditor's name and mailing address FEDEX 5930 CORPORATE AVE CYPRESS, CA, 90630 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,520.11
3. ³⁴ Nonpriority creditor's name and mailing address FERRARO SPA VIA BUSTO ARSIZIO 120 LONATE POZZOLO VA, LA, 21015 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,096.80
3. ³⁵ Nonpriority creditor's name and mailing address FRONTIER SPINNING MILLS 1823 BOONE TRAIL RD SANFORD, NC, 27330 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 103,067.60
3. ³⁶ Nonpriority creditor's name and mailing address GENCORE TRADING 1577 W 132ND ST GARDENA, CA, 90249 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 14,468.96

Part 2: Additional Page

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Amount of claim

3. ³⁷ Nonpriority creditor's name and mailing address GO TEXTILE 841 S SAN PEDRO ST LOS ANGELES, CA, 90014 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 409.67
3. ³⁸ Nonpriority creditor's name and mailing address GOODS TEXTILE 1577 W 132ND ST GARDENA, CA, 90249 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 339.50
3. ³⁹ Nonpriority creditor's name and mailing address GREENBERG AND BASS LLP 16000 VENTURA BLVD STE 1000 ENCINO, CA, 91436 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,772.33
3. ⁴⁰ Nonpriority creditor's name and mailing address HAPPY ROCK MERCHANT SOLUTIONS LLC dba GoCAP FINANCIAL 149 WEST 36TH ST, 12TH FLOOR NEW YORK, NY, 10018 Date or dates debt was incurred <u>3/27/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Factored receivables Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3. ⁴¹ Nonpriority creditor's name and mailing address HILOTEX 1614 W 207TH ST TORRANCE, CA, 90501 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴²	Nonpriority creditor's name and mailing address HOME DEPOT CREDIT SERV PO Box 790345 St Louis, MO, 63179	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number <u>0302</u>	\$ 13,528.11
3. ⁴³	Nonpriority creditor's name and mailing address HUB CITY 3435 WILSHIRE BLVD #3000 LOS ANGELES, CA, 90010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3. ⁴⁴	Nonpriority creditor's name and mailing address HUB INTERNATIONAL INS 3455 WILSHIRE BLVD LOS ANGELES, CA, 90010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor for Auto Lab SPS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3. ⁴⁵	Nonpriority creditor's name and mailing address INTEGRATED DATA SOLUTION 3227 PRODUCER WAY STE 119 POMONA, CA, 91768	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,000.00
3. ⁴⁶	Nonpriority creditor's name and mailing address INTER PACIFIC EQUIPMENT 740 S LOS ANGELES ST #204 LOS ANGELES, CA, 90015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00

Part 2: Additional Page

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Amount of claim

3. ⁴⁷ Nonpriority creditor's name and mailing address JAMAS PO BOX 845402 LOS ANGELES, CA, 90084 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,100.00
3. ⁴⁸ Nonpriority creditor's name and mailing address JK KING PO BOX 160 WHITSETT, NC, 27377 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3. ⁴⁹ Nonpriority creditor's name and mailing address JOHN'S KNITTING INC 1701 W ROSECRANS AVE GARDENA, CA, 90249 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,585.65
3. ⁵⁰ Nonpriority creditor's name and mailing address KERN-LIEBERS USA TEXTILE INC PO BOX 519 MATTEWS, NC, 28106 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,864.38
3. ⁵¹ Nonpriority creditor's name and mailing address KIM KYU HONG 3435 WILSHIRE BLVD #1970 LOS ANGELES, CA, 90010 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00

Part 2: Additional Page

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Amount of claim

3. ⁵² Nonpriority creditor's name and mailing address KIM TAEHO 1584 AVENIDA SELVA FULLERTON, CA, 92833 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Expense Reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 22,757.66
3. ⁵³ Nonpriority creditor's name and mailing address LAKHANY AMIN 521 ELKWOOD CT BREA, CA, 92821 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 188.40
3. ⁵⁴ Nonpriority creditor's name and mailing address LEKOS DYE AND FINISHING INC 3131 HARCOURT ST RANCHO DOMINGUEZ, CA, 90221 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,169.33
3. ⁵⁵ Nonpriority creditor's name and mailing address LIBERTY MUTUAL INSURANCE 100 LIBERTY WAY DOVER, NH, 03820 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,548.00
3. ⁵⁶ Nonpriority creditor's name and mailing address M AND K METAL CO 14400 S FIGUEROA ST GARDENA, CA, 90248 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,774.88

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁵⁷ Nonpriority creditor's name and mailing address M-TEX CO 249 W 131 ST LOS ANGELES, CA, 90061 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3. ⁵⁸ Nonpriority creditor's name and mailing address MAMMIS MARKET 1429 CHERRY AVE LONG BEACH, CA, 90813 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3. ⁵⁹ Nonpriority creditor's name and mailing address MARIO CROSTA CORSO SEMPIONE 67 21052 BUSTO ARSIZIO VA, LA 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3. ⁶⁰ Nonpriority creditor's name and mailing address MCMASTER-CARR PO Box 7690 Chicago, IL, 60680 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,237.60
3. ⁶¹ Nonpriority creditor's name and mailing address MEASUREMENT CONTROL SYSTEMS 1331 S Lyon St Santa Ana, CA, 90007 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,120.81

Part 2: Additional Page

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Amount of claim

3. ⁶²	Nonpriority creditor's name and mailing address MONARCH KNITTING MACHINERY CORP PO BOX 5009 MONROE, NC, 28111-5009	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 834.17
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶³	Nonpriority creditor's name and mailing address MOP SUPPLY INC PO Box 73275 San Clemente, CA, 92673	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	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁴	Nonpriority creditor's name and mailing address NEEDLE USA 1931 E DEL AMO BLVD RANCHO DOMINGUEZ, CA, 90220	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁵	Nonpriority creditor's name and mailing address NEMAN BROTHERS AND ASSOCIATES INC 1525 S BROADWAY ST LOS ANGELES, CA, 90015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 154,539.40
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁶⁶	Nonpriority creditor's name and mailing address NORTHGATE GONZALEZ FINANCIAL LLC PO BOX 15539 ANAHEIM, CA, 92803	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 25.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3. ⁶⁷	Nonpriority creditor's name and mailing address OHIO RACK INC PO BOX 3517 1405 S LIBERTY AVE ALLIANCE, OH, 44601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3. ⁶⁸	Nonpriority creditor's name and mailing address ORANGE COUNTY SANITATION DISTRICT 10844 ELLIS AVE FOUNTAIN VALLEY, CA, 92708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 126,542.07
3. ⁶⁹	Nonpriority creditor's name and mailing address OSCAR QUINTANA 210 W WALNUT COMPTON, CA, 90220	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: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3. ⁷⁰	Nonpriority creditor's name and mailing address OTI RIGGING AND MACHINERY MOVING INC PO BOX 1598 GARDENA, CA, 90249	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00
3. ⁷¹	Nonpriority creditor's name and mailing address PACIFIC SOURCING GROUP 5717 FERGUSON DR COMMERCE, CA, 90022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 440,788.29

Part 2: Additional Page

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Amount of claim

3. ⁷² Nonpriority creditor's name and mailing address

PACK EUN YOUNG
13090 SYCAMORE VLG DR

NORWALK, CA, 90650

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,255.24

Basis for the claim: Expense Reimbursement

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ⁷³ Nonpriority creditor's name and mailing address

PARK ANNIE E
1025 DEWEY AVE 304

LOS ANGELES, CA, 90006

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 45,376.65

Basis for the claim: Expense Reimbursement

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ⁷⁴ Nonpriority creditor's name and mailing address

PUMPING SOLUTIONS INC
1906 S QUAKER RIDGE PL

ONTARIO, CA, 91761

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,945.73

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ⁷⁵ Nonpriority creditor's name and mailing address

QUAKER TRANSPORTATION INC
1851 CHARTER LN
STE 101
LANCASTER, PA, 17601

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 17,330.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ⁷⁶ Nonpriority creditor's name and mailing address

RAMIREZ BUTCH
100 Loma Ave #402
Long Beach, CA, 90803

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 0.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷⁷	Nonpriority creditor's name and mailing address RECON 1927 5TH AVE SAN DIEGO, CA, 92101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 9,481.00
3. ⁷⁸	Nonpriority creditor's name and mailing address RIVER ROLL OFF SVC 8632 CALABASH AVE FONTANA, CA, 92335	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,400.00
3. ⁷⁹	Nonpriority creditor's name and mailing address SKY EXPRESS WORLD COURIER INC 1407 PALOMA ST LOS ANGELES, CA, 90021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,552.05
3. ⁸⁰	Nonpriority creditor's name and mailing address SOCALGAS 12631 MONARCH ST GARDEN GROVE, CA, 92841	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 307,522.11
3. ⁸¹	Nonpriority creditor's name and mailing address SOLUENT INC 751 S WEIR CANYON RD UNIT 157-126 ANAHEIM, CA, 92808	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 300.00

Part 2: Additional Page

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Amount of claim

3. ⁸²	Nonpriority creditor's name and mailing address SOUTH COAST AQMD PO BOX 4943 DIAMOND BAR, CA, 91765-0943 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,186.76
3. ⁸³	Nonpriority creditor's name and mailing address SOUTHERN CALIFORNIA EDISON 2244 WALNUT GROVE AVE ROSEMEAD, CA, 91770 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 112,442.95
3. ⁸⁴	Nonpriority creditor's name and mailing address T-MOBILE 12921 SE 38TH BELLEVUE, WA, 98006 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,073.28
3. ⁸⁵	Nonpriority creditor's name and mailing address UPS PO Box 894820 Los Angeles, CA, 90189 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 158.56
3.	Nonpriority creditor's name and mailing address 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. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

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
4.1.	Dean G Rallis Jr Anglin Flewelling Rasmussen et al 301 N Lake Ave Ste 1100 Pasadena, CA, 91101-4158	Line 3.68 <input type="checkbox"/> Not listed. Explain:	
4.2.	Lorraine Anderson 2728 W 176th St Torrance, CA, 90504	Line 3.4 <input type="checkbox"/> Not listed. Explain	
4.3.		Line <input type="checkbox"/> Not listed. Explain	
4.4.		Line <input type="checkbox"/> Not listed. Explain	
4.1.		Line <input type="checkbox"/> Not listed. Explain	
4.5.		Line <input type="checkbox"/> Not listed. Explain	
4.6.		Line <input type="checkbox"/> Not listed. Explain	
4.7.		Line <input type="checkbox"/> Not listed. Explain	
4.8.		Line <input type="checkbox"/> Not listed. Explain	
4.9.		Line <input type="checkbox"/> Not listed. Explain	
4.10.		Line <input type="checkbox"/> Not listed. Explain	
4.11.		Line <input type="checkbox"/> Not listed. Explain	

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.

\$ 7,551.07

5b. **Total claims from Part 2**

5b.

+

\$ 1,966,391.66

5c. **Total of Parts 1 and 2**

5c.

\$ 1,973,942.73

Lines 5a + 5b = 5c.

Fill in this information to identify the case and this filing:

Debtor Name Broncs, Inc.

United States Bankruptcy Court for the: Central District of California

Case number (if known): 8:19-bk-10941-CB

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 as marked above
- ☐ *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 05/20/2019
MM / DD / YYYY


Signature of individual signing on behalf of debtor

Joel Chun

Printed name

President & CEO

Position or relationship to debtor