

Fill in this information to identify the case:

Debtor name WesCoast Textiles, Inc.

United States Bankruptcy Court for the: Central District of California (State)

Case number (if known): 8:19-bk-10492-CB

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>323,770.85</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>323,770.85</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>2,712,073.09</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>5,490.60</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>2,627,568.30</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>5,345,131.99</u>

Fill in this information to identify the case:

Debtor name WesCoast Textiles, Inc.
 United States Bankruptcy Court for the: Central District of California
 Case number (if known): 8:19-bk-10492-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 <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
--	--

2.1 Creditor's name
CAPITAL EQUIPMENT SOLUTIONS LLC / LOEB TERM SOLUTIONS INC

Creditor's mailing address
5480 CORPORATE DR STE 350
TROY, MI 48098

Creditor's email address, if known

Date debt was incurred 4/23/18

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor,

Describe debtor's property that is subject to a lien
All assets

\$ <u>1,705,924.84</u>	\$ <u>323,770.85</u>
------------------------	----------------------

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).

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

Contingent
 Unliquidated
 Disputed

2.2 Creditor's name
CRESTHILL MANTIS FUNDING LLC

Creditor's mailing address
64 BEAVER ST STE 344
NEW YORK, NJ 10004

Creditor's email address, if known

Date debt was incurred 12/14/18

Last 4 digits of account number _____

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

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

Describe debtor's property that is subject to a lien
All assets

\$ <u>37,560.55</u>	\$ <u>323,770.85</u>
---------------------	----------------------

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).

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.

\$ 2,712,073.09

Debtor

West Coast Textiles, Inc.
Name

Main Document Page 3 of 70

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

Part 1: Additional Page

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

2.3 **Creditor's name**
EMPLOYMENT DEVELOPMENT DEPT

Creditor's mailing address
BANKRUPTCY GROUP MIC 92E
POBOX 826880, SACRAMENTO, CA 94288

Creditor's email address, if known

Date debt was incurred 1/1-6/30/18
Last 4 digits of account number

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

Describe debtor's property that is subject to a lien
All assets

Describe the lien
Tax Lien 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).

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

\$72,564.94 \$323,770.85

2.4 **Creditor's name**
INTERNAL REVENUE SERVICE

Creditor's mailing address
PO BOX 7346
PHILADELPHIA, PA 19101-7346

Creditor's email address, if known

Date debt was incurred 3/31-6/30/18
Last 4 digits of account number

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

Describe debtor's property that is subject to a lien
All assets

Describe the lien
Tax Lien 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).

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

\$655,097.74 \$323,770.85

Debtor

West Coast Textiles, Inc.
Name

Main Document Page 4 of 70

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

Part 1: Additional Page

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

2.5 **Creditor's name**
KNIGHT CAPITAL FUNDING

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 _____

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

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

Describe debtor's property that is subject to a lien
All assets

\$177,948.05 \$323,770.85

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).

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

2.6 **Creditor's name**
YELLOWSTONE CAPITAL WEST LLC

Creditor's mailing address
116 NASSAU ST STE 804
NEW YORK, NY 10038

Creditor's email address, if known

Date debt was incurred 10/15/18

Last 4 digits of account number _____

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

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

Describe debtor's property that is subject to a lien
All assets

\$ 62,976.97 \$ 323,770.85

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).

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

Debtor

WesCoast Textiles, Inc.
 Name

Case number (if known) 8:19-bk-10492-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
Loeb Long Term Solutions LLC 4131 S State St Chicago, IL, 60609	Line 2. <u>1</u>	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____

Fill in this information to identify the case:

Debtor WesCoast Textiles, Inc.
 United States Bankruptcy Court for the: Central District of California
 Case number (if known) 8:19-bk-10492-CB

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.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address ABARCA MARGARITO JR CASTREJON 1918 S MARINE ST SANTA ANA, CA, 92704 Date or dates debt was incurred <u>3/8/2019</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4</u>)	As of the petition filing date, the claim is: <u>\$ 0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages, Salaries, Commissions	<u>\$ 2,855.02</u>
2.2	Priority creditor's name and mailing address AGUILAR MAGDALENO 10070 GILBERT ST APT 126 ANAHEIM, CA, 92804 Date or dates debt was incurred <u>3/8/2019</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4</u>)	As of the petition filing date, the claim is: <u>\$ 0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages, Salaries, Commissions	<u>\$ 1,595.84</u>
2.3	Priority creditor's name and mailing address ALEJO ALFREDO PALACIO 14121 SHOEMAKER AVE NORWALK, CA, 90806 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) (<u>4</u>)	As of the petition filing date, the claim is: <u>\$ 0.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages, Salaries, Commissions	<u>\$ 0.00</u>

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 ALMANZA JOSE MARTINEZ 443 BREED ST LOS ANGELES, CA, 90033 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$1,836.88

2.5 Priority creditor's name and mailing address AQUINO ERADIO 6343 LINCOLN AVE U2 BUENA PARK, CA, 90620 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.6 Priority creditor's name and mailing address AVALOS CONSTANTINO 14122 RAINTREE RD TUSTIN, CA, 92780 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.7 Priority creditor's name and mailing address AVILA GENARO 8907 HEWITT PL APT 3 GARDEN GROVE, CA, 92844 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$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

2.8 Priority creditor's name and mailing address AVILA JOSE ANTONIO CANCECO 8907 HEWITT GARDEN GROVE, CA, 92844 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? [x] No [] Yes

2.9 Priority creditor's name and mailing address BARBOZA JOSE 7611 21 ST APT A WESTMINISTER, CA, 92683 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? [x] No [] Yes

2.10 Priority creditor's name and mailing address BAUTISTA CIRILO LOPEZ 1101 ST LOUIS AVE A LONG BEACH, CA, 90813 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? [x] No [] Yes

2.11 Priority creditor's name and mailing address BENITEZ JOSE L 8943 HEWITT PL APT 1 GARDEN GROVE, CA, 92844 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? [x] 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 BORBOLLA BASILIO LINARES 7911 HOPI RD STANTON, CA, 90680 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,256.34

2.13 Priority creditor's name and mailing address CABRERA HILARION 16230 CORNUTA AVE APT 4 BELLFLOWER, CA, 90706 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.14 Priority creditor's name and mailing address CALIFORNIA 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 Basis for the claim: Taxes & Other Government Units 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) (8) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.15 Priority 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: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$3,427.35

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 CAMACHO JOSE PABLO 10861 LOWDEN ST STANTON, CA, 90680 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes 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) \$0.00 \$1,872.75

2.17 Priority creditor's name and mailing address CARBAJAL RANDY 5562 MEINHARDT RD WESTMINSTER, CA, 92683 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [x] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes 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) \$0.00 \$0.00

2.18 Priority creditor's name and mailing address CARDONA ADELSON 2209 E 11TH ST LONG BEACH, CA, 90804 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes 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) \$0.00 \$1,364.65

2.19 Priority creditor's name and mailing address CARRASCO ELIAS 4829 ASTON AVE COMMERCE, CA, 90040 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes 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) \$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

2.20 Priority creditor's name and mailing address CASTELLANOS MARTIN MARTINEZ 2012 E 7TH APT #A LONG BEACH, CA, 90804 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$1,483.02

2.21 Priority creditor's name and mailing address CASTILLA JOSE FERNANDEZ 839 W 167TH APT 8 GARDENA, CA, 90247 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$1,446.98

2.22 Priority creditor's name and mailing address CASTILLO HUGO ARROYO 8611 CERRITOS AVE APT #C STANTON, CA, 90680 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.23 Priority creditor's name and mailing address CASTLLANOS AARON 1537 PINE AVE LONG BEACH, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,081.88

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 CASTRO ALEXIS 17501 GERALDINE LN APT A HUNTINGTON BEACH, CA, 92647 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,669.93

2.25 Priority creditor's name and mailing address CASTRO EDWIN FIGUEROA 233 W TILLER AVE ANAHEIM, CA, 92802 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$1,445.92

2.26 Priority creditor's name and mailing address CASTRO LUIS OTERO 1547 GARDENA AVE LOS ANGELES, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.27 Priority creditor's name and mailing address 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 Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$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. ²⁸	Priority creditor's name and mailing address CHAIREZ GUSTAVO 1421 E BASSETT WAY ANAHEIM, CA, 92805 Date or dates debt was incurred <u>3/8/2019</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4</u>)	\$0.00	\$ 1,322.99
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2. ²⁹	Priority creditor's name and mailing address CONTRERAS FERNANDO 10270 SENTRY DR 2 STANTON, CA, 90680 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) (<u>4</u>)	\$0.00	\$ 0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2. ³⁰	Priority creditor's name and mailing address CRUZ CARMELO DILLANES 8361 15TH ST 16 WESTMINSTER, CA, 92683 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) (<u>4</u>)	\$0.00	\$ 0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2. ³¹	Priority creditor's name and mailing address CRUZ VICTOR MARTINEZ 1845 PINE AVE 1 LONG BEACH, CA, 90806 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) (<u>4</u>)	\$0.00	\$ 0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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

2.32 Priority creditor's name and mailing address CURIEL FRANCISCO SANCHEZ 2115 W BALL RD APT B ANAHEIM, CA, 92804 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$1,548.38

2.33 Priority creditor's name and mailing address DELGADO SEGUNDO 6204 HOOD AVE HUNTINGTON PARK, CA, 90255 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$4,346.52

2.34 Priority creditor's name and mailing address DEPT OF INDUSTRIAL RELATIONS 320 W 4TH ST STE 450 Los Angeles, CA, 90013 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Contributions to employee benefits 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) (5) Is the claim subject to offset? [x] No [] Yes Total claim \$1,620.00 Priority amount \$1,620.00

2.35 Priority creditor's name and mailing address DIAZ CORNELIO PEREZ 1724 W BALL RD APT2 ANAHEIM, CA, 92804 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,595.32

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 ESPANA ERNESTO 4840 E ILLINOIS AVE FRESNO, CA, 93727 As of the petition filing date, the claim is: Basis for the claim: Wages, Salaries, Commissions

2.37 Priority creditor's name and mailing address ESPINO JUAN JOSE RAMIREZ 7281 LAZA ST WESTMINSTER, CA, 92683 As of the petition filing date, the claim is: Basis for the claim: Wages, Salaries, Commissions

2.38 Priority creditor's name and mailing address FRANCHISE TAX BOARD BANKRUPTCY SECTION MS A-340 PO BOX 2952 SACRAMENTO, CA, 95812-2952 As of the petition filing date, the claim is: Basis for the claim: Taxes & Other Government Units

2.39 Priority creditor's name and mailing address GAMA JUAN MANUEL SOTELO 825 N GARFIELD ST SANTA ANA, CA, 92701 As of the petition filing date, the claim is: Basis for the claim: Wages, Salaries, Commissions

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 GARCIA ALEJANDRO 1052 NORMAN CT LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.41 Priority creditor's name and mailing address GARCIA FRANCISCO LOPEZ 1421 E 15TH ST A LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.42 Priority creditor's name and mailing address GARCIA GABRIEL LOPEZ 1020 E 12TH ST APT 7 LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.43 Priority creditor's name and mailing address GARCIA MAURICIO LOPEZ 1526 SHERMAN PL LONG BEACH, CA, 90804 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] 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

2.44 Priority creditor's name and mailing address GARCIA PEDRO 1025 GAVIOTA AVE LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.45 Priority creditor's name and mailing address GARZON MIGUEL A 1719 SHERMAN PL #7 LONG BEACH, CA, 90804 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [x] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.46 Priority creditor's name and mailing address GIRON VICTOR MANUEL 1250 E LA PALMA AVE 303 ANAHEIM, CA, 92805 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.47 Priority creditor's name and mailing address GOMEZ BRYAN 13862 EDWARDS ST APT A WESTMINSTER, CA, 92683 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] 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 GONZALES ENRIQUE 1495 PETERSON AVE 5 LONG BEACH, CA, 90813 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)	\$0.00	\$517.95
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.49	Priority creditor's name and mailing address GONZALEZ CARLOS 6941 CAMPUS DR APT A BUENA PARK, CA, 90621 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)	\$0.00	\$1,966.32
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.50	Priority creditor's name and mailing address HERNANDEZ ELVA 21615 DOLORES ST CARSON, CA, 90745 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)	\$0.00	\$2,343.98
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.51	Priority creditor's name and mailing address HERNANDEZ FELIX LOPEZ 1040 HOFFMAN #202 LONG BEACH, CA, 90813 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)	\$0.00	\$0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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
2.52	Priority creditor's name and mailing address HERNANDEZ JUAN 1150 GLADYS AVE 4 LONG BEACH, CA, 90804 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)	\$0.00	\$2,592.71
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.53	Priority creditor's name and mailing address HERNANDEZ LUIS MORALES 239 W 111TH PL LOS ANGELES, CA, 90061 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)	\$0.00	\$680.34
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.54	Priority creditor's name and mailing address HERNANDEZ MELZAR G LEMUS 1001 N VANNESS APT #C SANTA ANA, CA, 92701 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)	\$0.00	\$2,269.33
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.55	Priority creditor's name and mailing address HERNANDEZ RAFAEL 1747 CERRITOS AVE APT 8 LONG BEACH, CA, 90813 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)	\$0.00	\$2,087.99
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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

2.56 Priority creditor's name and mailing address: HERNANDEZ ROBERTO, 2130 W CRESCENT AVE, APT #2165, ANAHEIM, CA, 92801. Total claim: \$0.00, Priority amount: \$0.00. Basis for the claim: Wages, Salaries, Commissions.

2.57 Priority creditor's name and mailing address: HERNANDEZ SALVADOR, 1125 JUNIPERO AVE, APT 1, LONG BEACH, CA, 90804. Total claim: \$0.00, Priority amount: \$1,470.60. Basis for the claim: Wages, Salaries, Commissions.

2.58 Priority creditor's name and mailing address: HERNANDEZ SERVERINO H, 1116 NORMAN CT, APT B, LONG BEACH, CA, 90813. Total claim: \$1,470.60, Priority amount: \$1,470.60. Basis for the claim: Wages, Salaries, Commissions.

2.59 Priority creditor's name and mailing address: HERRERA J JESUS FLORES, 7375 9TH ST, APT # 234, BUENA PARK, CA, 90621. Total claim: \$0.00, Priority amount: \$1,941.94. Basis for the claim: Wages, Salaries, Commissions.

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

2.60 Priority creditor's name and mailing address HERRERA PABLO JR 2130 W CRESCENT AVE APT #2165 ANAHEIM, CA, 92801 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes

2.61 Priority creditor's name and mailing address BANEZ JOSE GARCIA 1027 E 11TH APT#B LONGBEACH, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes

2.62 Priority creditor's name and mailing address KIM KOOK JIN 16319 GRIDLEY RD NORWALK, CA, 90650 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes

2.63 Priority creditor's name and mailing address KIM TAEHOH 1584 AVENIDA SELVA FULLERTON, CA, 92833 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] 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. ⁶⁴	Priority creditor's name and mailing address LANDA ADOLFO 1319 E WILSHIRE AVE APT J FULLERTON, CA, 92831 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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2. ⁶⁵	Priority creditor's name and mailing address LIMON GENOBEBE 8041 MONACO #61 STANTON, CA, 90680 Date or dates debt was incurred <u>3/8/2019</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$ 1,818.54
2. ⁶⁶	Priority creditor's name and mailing address LINARES ARMANDO ALFONSO SANCHEZ 10250 BEACH BLVD APT 202 STANTON, CA, 90680 Date or dates debt was incurred <u>3/8/2019</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$ 2,493.95
2. ⁶⁷	Priority creditor's name and mailing address LOPEZ ADRIAN 1248 MAHANNA AVE APT 4 LONG BEACH, CA, 90813 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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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

2.68 Priority creditor's name and mailing address LOPEZ ANTONIO MENDEZ 1550 GARDENA AVE LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.69 Priority creditor's name and mailing address LOPEZ FELICIANO 1147 MAHANNA APT D LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.70 Priority creditor's name and mailing address LOPEZ FELIPE P 816 WALNUT AVE LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.71 Priority creditor's name and mailing address LOPEZ JORGE 12980 CT ST 62 GARDEN GROVE, CA, 92841 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] 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

2.72 Priority creditor's name and mailing address LOPEZ JUAN MANUEL GARCIA 1020 ORANGE AVE A LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.73 Priority creditor's name and mailing address LOPEZ LEONARDO CORTEZ 1102 GARDENIA AVE APT F LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.74 Priority creditor's name and mailing address LOPEZ MARTIN GARCIA 1495 PETERSON AVE #17 LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.75 Priority creditor's name and mailing address LOPEZ MIGUEL MELGAR 261 NEVADA ST 9 LONG BEACH, CA, 90806 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] 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

2.76 Priority creditor's name and mailing address LOPEZ RAFAEL GARCIA 1495 PETERSON AVE 17 LONG BEACH, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$1,833.55

2.77 Priority creditor's name and mailing address LOPEZ RODRIGO 1330 GAVIOTA AVE LONG BEACH, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.78 Priority creditor's name and mailing address MALDONADO EIVI J 11811 SANTA ROSALIA STANTON, CA, 90680 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.79 Priority creditor's name and mailing address MARCIAL JOSE 920 FAIR WAY SANTA ANA, CA, 92703 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$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

2.80 Priority creditor's name and mailing address MARTINEZ ALFONSO 2215 EARL AVE APT #1 LONG BEACH, CA, 90806 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.81 Priority creditor's name and mailing address MARTINEZ FELICIANO 2215 EARL AVE 1 LONG BEACH, CA, 90806 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$294.59

2.82 Priority creditor's name and mailing address MARTINEZ IGNACIO 1116 1/2 GARDENIA AVE LONG BEACH, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$1,515.05

2.83 Priority creditor's name and mailing address MARTINEZ JUAN C SANCHEZ 8273 CERRITOS AVE STANTON, CA, 90680 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,495.61

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

2.84 Priority creditor's name and mailing address MARTINEZ MARIANO 4402 HARDING AVE LOS ANGELS, CA, 90066 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$312.42

2.85 Priority creditor's name and mailing address MARTINEZ MOISES AEDO 1135 GLADYS AVE LONG BEACH, CA, 90804 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.86 Priority creditor's name and mailing address MARTINEZ NESTOR MEDINA 427 E 24TH ST 1 LOS ANGELES, CA, 90011 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.87 Priority creditor's name and mailing address MARTINEZ OMAR LOPEZ 1771 GAVIOTA AVE APT #2 LONG BEACH, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,967.15

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

2.88 Priority creditor's name and mailing address MARTINEZ OSCAR 1116 12 GARDENIA AVE 12 LONG BEACH, CA, 90013 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$1,897.26

2.89 Priority creditor's name and mailing address MARTINEZ ULBERTO ROLANDO 821 E PACIFIC COAST HWY B LONG BEACH, CA, 90806 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.90 Priority creditor's name and mailing address MELGAR AVELINO LOPEZ 1137 HOFFMAN AVE 2 LONG BEACH, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.91 Priority creditor's name and mailing address MENA JOSE MARTIN 13064 MAGNOLIA ST GARDEN GROVE, CA, 92844 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,018.33

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

2.92 Priority creditor's name and mailing address MENDEZ RAMIRO GARCIA 1027 E 11TH ST APT B LONGBEACH, CA, 90813 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? [x] No [] Yes

2.93 Priority creditor's name and mailing address MERINO BRUNO AVILES 8100 ORANGWOOD AVE APT #8 STANTON, CA, 90680 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? [x] No [] Yes

2.94 Priority creditor's name and mailing address MILLAN GUADALUPE 11201 EUCLID ST APT 24 GARDEN GROVE, CA, 92890 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? [x] No [] Yes

2.95 Priority creditor's name and mailing address MORALES HAROL 3096 CLUB HOUSE CIR COSTA MESA, CA, 90626 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? [x] 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

2.96 Priority creditor's name and mailing address: ORTIZ SANTIAGO, 1694 E 110TH ST, LOS ANGELES, CA, 90059. Total claim: \$0.00, Priority amount: \$3,498.56. Basis for the claim: Wages, Salaries, Commissions.

2.97 Priority creditor's name and mailing address: PACHECO PEDRO TELLEZ, 10250 BEACH BLVD #244, STANTON, CA, 90680. Total claim: \$0.00, Priority amount: \$1,755.00. Basis for the claim: Wages, Salaries, Commissions.

2.98 Priority creditor's name and mailing address: PALACIOS CESAR ARTURO, 457 S PARKER ST, ORANGE, CA, 92868. Total claim: \$0.00, Priority amount: \$0.00. Basis for the claim: Wages, Salaries, Commissions.

2.99 Priority creditor's name and mailing address: PAZ JULIO C, 837 W 167TH PL, APT 5, GARDENA, CA, 90247. Total claim: \$0.00, Priority amount: \$1,588.49. Basis for the claim: Wages, Salaries, Commissions.

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

2.100 Priority creditor's name and mailing address PEREZ JAVIER HERNANDEZ 1116 NORMAN CT APT #B LONG BEACH, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.101 Priority creditor's name and mailing address PEREZ OLEGARIO MARTINEZ 12803 BELHAUEN ST LOS ANGELES, CA, 90059 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.102 Priority creditor's name and mailing address PEREZ VICTORIANO 904 ALAMITOS AVE APT #4 LONG BEACH, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.103 Priority creditor's name and mailing address PHU VAN 2177 W CRESTWOOD LN ANAHEIM, CA, 92804 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,544.83

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

2.104 Priority creditor's name and mailing address \$0.00 \$0.00
QUINTANILLA ANGEL
14121 SHOEMAKER AVE
APT #65
NORWALK, CA, 90650
As of the petition filing date, the claim is:
Check all that apply.
[] Contingent
[] Unliquidated
[] Disputed
Basis for the claim:
Wages, Salaries, Commissions
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)

2.105 Priority creditor's name and mailing address \$0.00 \$2,218.44
RAMIREZ JAVIER GARCIA
8041 MONACO NO 61
STATON, CA, 90680
As of the petition filing date, the claim is:
Check all that apply.
[] Contingent
[] Unliquidated
[] Disputed
Basis for the claim:
Wages, Salaries, Commissions
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)

2.106 Priority creditor's name and mailing address \$0.00 \$685.13
RANGEL GILBERTO
221 W VERNON AVE
LOS ANGELES, CA, 90037
As of the petition filing date, the claim is:
Check all that apply.
[] Contingent
[] Unliquidated
[] Disputed
Basis for the claim:
Wages, Salaries, Commissions
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)

2.107 Priority creditor's name and mailing address \$0.00 \$0.00
REYES DIEGO
7831 DAYMOR AVE
STANTON, CA, 90680
As of the petition filing date, the claim is:
Check all that apply.
[] Contingent
[] Unliquidated
[] Disputed
Basis for the claim:
Wages, Salaries, Commissions
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)

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

2.108 Priority creditor's name and mailing address REYES MAXIMINO ESQUIVEL 11201 EUCLID ST APT 24 GARDEN GROVE, CA, 92841 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,797.79

2.109 Priority creditor's name and mailing address RIOS AARON 1266 57 ST LOS ANGELES, CA, 90011 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [x] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.110 Priority creditor's name and mailing address RIVERA BERTO AGUILAR 1606 S MINTER ST SANTA ANA, CA, 92707 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$3,014.74

2.111 Priority creditor's name and mailing address RIVERA FREDDY ULISSE SALDIVAR 1114 N BEWLEY ST 11 STANTON, CA, 92703 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$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

2.112 Priority creditor's name and mailing address RIVERA JUAN 3127 E 57TH ST HUNTINGTON, CA, 90205 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,019.45

2.113 Priority creditor's name and mailing address RIVERA MARCO ANTONIO CATALAN 1606 S MINTER ST SANTA ANA, CA, 92707 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,890.74

2.114 Priority creditor's name and mailing address RIVERA MARTIN 9105 CERRITOS AVE 5 ANAHEIM, CA, 92804 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.115 Priority creditor's name and mailing address ROBLERO DELVER PEREZ 1818 W SUMAC LN ANAHEIM, CA, 92804 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$1,599.15

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

2.116 Priority creditor's name and mailing address RODRIGUEZ CARLOS 8114 FILLMORE DR STANTON, CA, 90680 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$1,479.57

2.117 Priority creditor's name and mailing address ROMERO JAIME GOMEZ 7642 PACIFIC BLVD HUNTINGTON PARK, CA, 90255 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,230.57

2.118 Priority creditor's name and mailing address RUIZ FRANCISCO GARCIA 2308 E 17TH ST LONG BEACH, CA, 90804 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.119 Priority creditor's name and mailing address SALDANA JERMAN RAMIREZ 12654 BUARO ST APT#C GARDEN GROVE, CA, 92840 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$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. ¹²⁰	Priority creditor's name and mailing address SALGADO FRANCISCO 15261 VAN BUREN ST APT 6 MIDWAY CITY, CA, 92655-1667 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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2. ¹²¹	Priority creditor's name and mailing address SALINAS ISMAEL LOPEZ 1137 GARDENIA APT #12 LONG BEACH, CA, 90813 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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2. ¹²²	Priority creditor's name and mailing address SANCHEZ JUAN VELEZ 9519 TRUBA AVE APT D SOUTH GATE, CA, 90280 Date or dates debt was incurred <u>3/8/2019</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$931.80
2. ¹²³	Priority creditor's name and mailing address SANCHEZ MARIO 1013 E 12TH ST APT#7 LONG BEACH, CA, 90813 Date or dates debt was incurred <u>3/8/2019</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$2,465.42

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. ¹²⁴	Priority creditor's name and mailing address SANTOS JOSE ANGEL 8719 3/4 ALONDRA BLVD PARAMOUNT, CA, 90723 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)	\$0.00	\$0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2. ¹²⁵	Priority creditor's name and mailing address SANTOS URIEL VENCES 1262 E 27ST LOS ANGELES, CA, 90011 Date or dates debt was incurred <u>3/8/2019</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$0.00	\$1,875.87
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2. ¹²⁶	Priority creditor's name and mailing address SAUCEDO JOSE 1342 PETERSON AVE 4 LONG BEACH, CA, 90813 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)	\$0.00	\$0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2. ¹²⁷	Priority creditor's name and mailing address SOCH RAUL BALDEMAR MUTZ 10321 ANZAC AVE LOS ANGELES, CA, 90002 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)	\$0.00	\$0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages, Salaries, Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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

2.128 Priority creditor's name and mailing address SOLIS RAFAEL 7281 PLZ ST WESTMINSTER, CA, 92683 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$4,907.56

2.129 Priority creditor's name and mailing address SORIANO ROBERTO DE LA 1771 GAVIOTA AVE 2 LONG BEACH, CA, 90813 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,879.86

2.130 Priority creditor's name and mailing address TERRONES MANUEL 10321 ANZAC AVE LOS ANGELES, CA, 90002 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.131 Priority creditor's name and mailing address TOMAS HUGO OTONIEL 10251 FERN AVE STANTON, CA, 90680 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$3,643.34

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

2.132 Priority creditor's name and mailing address TORRES CRUZ RIVERA 2217 WEST 7 ST SANTA ANA, CA, 92703 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,479.50

2.133 Priority creditor's name and mailing address TORRES SALDIVAR LINO 2217 W ST 7 SANTA ANA, CA, 92703 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$793.43

2.134 Priority creditor's name and mailing address TREJO NICASIO PERALES 8971 HEWITT PL APT #4 GARDEN GROVE, CA, 92844 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$2,231.05

2.135 Priority creditor's name and mailing address URQUIZA VALENTIN 7751 LAURELTON AVE GARDEN GROVE, CA, 92841 As of the petition filing date, the claim is: Check all that apply. [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$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

2.136 Priority creditor's name and mailing address VALENCIA JOSE LUIS ESTRADA ROSA 2331 W CUBBON SANTA ANA, CA, 92840 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? [x] No [] Yes Total claim \$0.00 Priority amount \$1,604.72

2.137 Priority creditor's name and mailing address VARELA FRANCISCO 1040 HOFFMAT APT # 206 LONG BEACH, CA, 90813 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? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.138 Priority creditor's name and mailing address VARELA VALENTIN LOPEZ 1336 WALNUT AVE APT 1 LONG BEACH, CA, 90813 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? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2.139 Priority creditor's name and mailing address VARGAS JOVANI 1485 E 25TH ST LOS ANGELES, CA, 90011 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? [x] No [] Yes Total claim \$0.00 Priority amount \$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

2.140 Priority creditor's name and mailing address VEGA ELIAS LOPEZ 418 W ORANGEWOOD APT B ANAHEIM, CA, 92802 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.141 Priority creditor's name and mailing address VELASCO ABELARDO 1046 E 7TH ST APT 2 LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.142 Priority creditor's name and mailing address VELASCO ELOY 1335 WALNUT AVE LONG BEACH, CA, 90813 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.143 Priority creditor's name and mailing address VELASCO RAUL EDEN 226 W 110 ST LOS ANGELES, CA, 90061 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] 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

2.144 Priority creditor's name and mailing address: VELAZQUEZ FRANCISCO F, 18612 CASABA RD B, ADELANTO, CA, 92301. Total claim: \$0.00, Priority amount: \$1,921.67. Basis for the claim: Wages, Salaries, Commissions.

2.145 Priority creditor's name and mailing address: VELAZQUEZ MARTIN V, 11201 EUCLID ST, APT24, GARDEN GROVE, CA, 92840-1422. Total claim: \$0.00, Priority amount: \$2,780.34. Basis for the claim: Wages, Salaries, Commissions.

2.146 Priority creditor's name and mailing address: VENCES ADRIAN, 1262 E 27TH ST, LOS ANGELES, CA, 90011. Total claim: \$0.00, Priority amount: \$2,266.49. Basis for the claim: Wages, Salaries, Commissions.

2.147 Priority creditor's name and mailing address: VIERA SERGIO STENGLY, 1818 W SUMAC LN, APT #2B, ANAHEIM, CA, 92804. Total claim: \$0.00, Priority amount: \$0.00. Basis for the claim: Wages, Salaries, Commissions.

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

2.148 Priority creditor's name and mailing address VILLA EDGAR 1212 N TAMARIND COMPTON, CA, 90222 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.149 Priority creditor's name and mailing address VILLALPANDO FRANCISCO 11078 KIBBING CIR STANTON, CA, 90680 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.150 Priority creditor's name and mailing address WOODWARD PATTON 628 LANCELOT DR FLORENCE, SC, 29505 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] No [] Yes

2.151 Priority creditor's name and mailing address XOCUA ISSAC AQUINO 3514 W MUNGALL DR APT #4 ANAHEIM, CA, 92804 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? [x] 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. 152 Priority creditor's name and mailing address ZARATE JAIME MARTINEZ 8041 MONACO STANTON, CA, 90680 As of the petition filing date, the claim is: [] Contingent [] Unliquidated [] Disputed Basis for the claim: Wages, Salaries, Commissions 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) Is the claim subject to offset? [x] No [] Yes Total claim \$0.00 Priority amount \$0.00

2. Priority creditor's name and mailing address As of the petition filing date, the claim is: \$ Basis for the claim: 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) Is the claim subject to offset? [] No [] Yes

2. Priority creditor's name and mailing address As of the petition filing date, the claim is: \$ Basis for the claim: 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) Is the claim subject to offset? [] No [] Yes

2. Priority creditor's name and mailing address As of the petition filing date, the claim is: \$ Basis for the claim: 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) 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
3.1 Nonpriority creditor's name and mailing address A 1 OIL RECYCLING LLC 8391 BEVERLY BLVD #579 LOS ANGELES, CA, 90048 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00

3.2 Nonpriority creditor's name and mailing address A PLUS GRAPHICS 9210 ALONDRA BLVD UNIT C BELLFLOWER, CA, 90706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 240.90
---	---	-----------

3.3 Nonpriority creditor's name and mailing address A-TECH HEATING AND COOLING 7799 VALLEY VIEW ST #E 204 LA PALMA, CA, 90623 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 700.00
---	---	-----------

3.4 Nonpriority creditor's name and mailing address A2 AMERICA INC 14946 SHOEMAKER AVE G SANTA FE SPRINGS, CA, 90670 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,000.00
--	---	-------------

3.5 Nonpriority creditor's name and mailing address ADVANCED COMPRESSOR SVC 10711 RUOFF AVE WHITTIER, CA, 90604 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
---	---	---------

3.6 Nonpriority creditor's name and mailing address AIR CLEAR 2440 OLDFIELD PT RD ELKTON, MD, 21921 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 71,500.00
---	---	--------------

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

3.7 Nonpriority creditor's name and mailing address
 AIR QUALITY CONSULTANTS
 5881 ENGINEER DR
 HUNTINGTON, CA, 92649

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

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 _____

\$ 0.00

3.8 Nonpriority creditor's name and mailing address
 AM COPIER
 3418 W OLYMPIC BLVD
 LOS ANGELES, CA, 90019

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

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 _____

\$ 438.00

3.9 Nonpriority creditor's name and mailing address
 AMERICOLOR
 10101 SHOEMAKER AVE
 SANTA FE SPRINGS, CA, 90670

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

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 _____

\$ 84,985.36

3.10 Nonpriority creditor's name and mailing address
 AMERITEX
 13610 IMPERIAL HWY
 STE #2
 SANTA FE SPRINGS, CA, 90670

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

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 _____

\$ 46,899.75

3.11 Nonpriority creditor's name and mailing address
 AMG TIMEMASTERSCOM
 3235 N SAN FERNANDO RD #1D
 LOS ANGELES, CA, 90065

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

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 _____

\$ 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

3.12 Nonpriority creditor's name and mailing address
 ANYTIME LEYVA TOWING LLC
 229 E REDONDO BEACH BLVD
 GARDENA, CA, 90248

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

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 _____

\$ 225.00

3.13 Nonpriority creditor's name and mailing address
 APOLLO TECHNOLOGIES INC
 31441 SANTA MARGARITA PKWY A219
 RANCHO SANTA MARGARITA, CA, 92688

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

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 _____

\$ 2,460.00

3.14 Nonpriority creditor's name and mailing address
 ARCHROMA US INC
 32290 COLLECTION CTR DR
 CHICAGO, IL, 90693

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

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 _____

\$ 1,357.42

3.15 Nonpriority creditor's name and mailing address
 AVCOGAS
 253 N BERRY ST
 BREA, CA, 92821

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

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 _____

\$ 4,451.46

3.16 Nonpriority creditor's name and mailing address
 AZITEX TRADING CORP
 1850 E 15TH ST
 LOS ANGELES, CA, 90021

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

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 _____

\$ 242.20

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

3.17 Nonpriority creditor's name and mailing address
 BALCACERES BROS TOWING INC
 12824 ROSECRANS AVE
 NORWALK, CA, 90650

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

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 _____

\$ 0.00

3.18 Nonpriority creditor's name and mailing address
 BANK OF AMERICA
 PO Box 98238
 El Paso, TX, 79998-2238

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

Basis for the claim: Overdrawn Bank Account

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 0.00

3.19 Nonpriority creditor's name and mailing address
 BELL PIPE AND SUPPLY CO
 215 E BALL RD
 ANAHEIM, CA, 92805

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

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 _____

\$ 0.00

3.20 Nonpriority creditor's name and mailing address
 BELLFLOWER ELECTRIC
 10030 ARTESIA PL
 BELLFLOWER, CA, 90706

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

Basis for the claim: Utility Services

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ 6,036.80

3.21 Nonpriority creditor's name and mailing address
 BENCHMARK DEVICES
 1263 BENT TREE LN
 WATKINSVILLE, GA, 30677

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

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 _____

\$ 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

3.22 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 5,312.25
 BETA SECURITY SYSTEM *Check all that apply.*
 9537 GIDLEY ST Contingent
 TEMPLE CITY, CA, 91780-4214 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes
Last 4 digits of account number _____

3.23 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 12.82
 BPS SUPPLY GROUP *Check all that apply.*
 215 E BALL RD Contingent
 ANAHEIM, CA, 92805-6394 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes
Last 4 digits of account number _____

3.24 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 189,054.84
 BRENNTAG PACIFIC INC *Check all that apply.*
 10747 PATTERSON PLACE Contingent
 SANTA FE SPRINGS, CA, 90670 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes
Last 4 digits of account number _____

3.25 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 720.00
 C AND V MACHINE SHOP *Check all that apply.*
 10204 ATLANTIC AVE Contingent
 SOUTH GATE, CA, 90280 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes
Last 4 digits of account number _____

3.26 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 0.00
 CAL STEAM CO *Check all that apply.*
 1142 S DIAMOND BAR BLVD 169 Contingent
 DIAMOND BAR, CA, 91765 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes
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

3.27 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 920.00
 CALIFORNIA BOILER
 5331 BUSINESS DR
 HUNTINGTON BEACH, CA, 92649
Check all that apply.
 Contingent
 Unliquidated
 Disputed

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 _____

3.28 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 3,638.47
 CAMERON WELDING
 PO BOX 266
 STANTON, CA, 90680
Check all that apply.
 Contingent
 Unliquidated
 Disputed

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 _____

3.29 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 80,590.81
 CARGILL INC
 15407 MCGINTY RD WEST
 WAYZATA, MN, 55391
Check all that apply.
 Contingent
 Unliquidated
 Disputed

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 _____

3.30 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 6,957.00
 CDTA K9 CA PROTECTION SVC
 2650 S MYRTLE AVE B3
 MONROVIA, CA, 91016
Check all that apply.
 Contingent
 Unliquidated
 Disputed

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 _____

3.31 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 2,402.05
 CNC ELECTRIC SUPPLY
 7690 LAMPSON AVE
 GARDEN GROVE, CA, 92841
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Utility Services

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. ³² Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 141,612.38
 CODI SHERIDAN, INC.
 12691 PALA DR
 GARDEN GROVE, CA, 92841
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim:

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³³ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 4,553.01
 COLORWAY INDUSTRY LLC
 15352 TEXACO AVE
 PARAMOUNT, CA, 90723
Check all that apply.
 Contingent
 Unliquidated
 Disputed

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. ³⁴ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 3,340.25
 CORE-ROSION
 3300 E 19TH ST
 SIGNAL HILL, CA, 90755
Check all that apply.
 Contingent
 Unliquidated
 Disputed

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. ³⁵ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 0.00
 COUNTY OF ORANGE
 PO BOX 4515
 SANTA ANA, CA, 92702-4515
Check all that apply.
 Contingent
 Unliquidated
 Disputed

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. ³⁶ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 0.00
 COURT ORDERED DEBT COLLECTIONS
 PO BOX 1328
 RANCHO CORDOVA, CA, 95741-328
Check all that apply.
 Contingent
 Unliquidated
 Disputed

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

3.37 Nonpriority creditor's name and mailing address
 COURTESY FIRE EXTINGUISHER SVC
 12781 WESTERN AVE
 STE#B
 GARDEN GROVE, CA, 92841

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

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

\$ 0.00

3.38 Nonpriority creditor's name and mailing address
 CPM CORP
 1104 S SANTA FE AVE
 COMPTON, CA, 90221

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

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

\$ 2,182.95

3.39 Nonpriority creditor's name and mailing address
 CROSS MAX DESIGN AND PRINT CO
 22610 MAPLE AVE 1
 TORRANCE, CA, 90505

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

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

\$ 2,394.20

3.40 Nonpriority creditor's name and mailing address
 D AND A CUSTOMS SVC INC
 152 W WALNUT ST
 STE 260
 GARDENA, CA, 90248

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

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

\$ 1,049.94

3.41 Nonpriority creditor's name and mailing address
 DATA COLOR INC
 5 PRINCESS RD
 LAWRENCEVILLE, NJ, 08648

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

Basis for the claim: Suppliers or Vendors

Date or dates debt was incurred _____
 Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

\$ 20,558.29

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
 DIVERSITY LAW GROUP
 515 S FIGUEROA ST STE 1250
 LOS ANGELES, CA, 90071

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

\$ 16,589.87

Basis for the claim: Services

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.43 Nonpriority creditor's name and mailing address
 DYECHEM INDUSTRY INC
 14733 1/2 GARFIELD AVE
 PARAMOUNT, CA, 90723

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

\$ 137,208.07

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 _____

3.44 Nonpriority creditor's name and mailing address
 DYSTAR LP
 9844-A SOUTHERN PINE BLVD
 CHARLOTTE, NC, 28273

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 _____

3.45 Nonpriority creditor's name and mailing address
 EHWHA GLOTECH
 17605 FABRICA WAY
 STE G
 CERRITOS, CA, 90703

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

\$ 226.41

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 _____

3.46 Nonpriority creditor's name and mailing address
 EQUIPMENT DIRECT INC
 PO BOX 670
 YORBA LINDA, CA, 92885

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

3.47 Nonpriority creditor's name and mailing address
 ESCOBAR AURELIO
 ATTN ARMOND M JACKSON
 2 VENTURE PLZ STE 240
 IRVINE, CA, 92618

As of the petition filing date, the claim is: \$ 0.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Litigation: Case #30-2018-009791111

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.48 Nonpriority creditor's name and mailing address
 ESCOBAR AURELIO
 ATTN ARMOND M JACKSON
 2 VENTURE PLZ STE 240
 IRVINE, CA, 92618

As of the petition filing date, the claim is: \$ 0.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Litigation: Case #30-2018-01018964

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.49 Nonpriority creditor's name and mailing address
 FASTENAL CO
 7052 ORANGEWOOD
 UNIT A-10
 GARDEN GROVE, CA, 92841

As of the petition filing date, the claim is: \$ 972.12
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

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 _____

3.50 Nonpriority creditor's name and mailing address
 FITECH INC
 2400 PARI WAY
 MIDLOTHIAN, VA, 23112

As of the petition filing date, the claim is: \$ 87,811.50
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

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 _____

3.51 Nonpriority creditor's name and mailing address
 G AND M GENERAL MAINTENANCE
 6665 LONG BEACH BLVD #G26
 LONG BEACH, CA, 90805

As of the petition filing date, the claim is: \$ 0.00
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

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. ⁵²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,389.00
	GOLD COAST ENVIRONMENTAL 1868 PALMA DR 1 VENTURA, CA, 92841	<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	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 195.68
	GOOD PLUMBING SUPPLY 12802 KNOTT ST GARDEN GROVE, CA, 92841	<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	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 0.00
	GOYO'S CHECK CASHING 3598 E IMPERIAL HWY LYNWOOD, CA, 90262	<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	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 118.99
	HACH COMPANY PO Box 389 Loveland, CO, 80539	<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	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁵⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 436,489.19
	HAPPY ROCK MERCHANT SOLUTIONS LLC dba GoCap Financial 149 WEST 36TH ST 12TH FL NEW YORK, NY, 10018	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim:	
	Date or dates debt was incurred <u>3/27/18</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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
 HIGH TECH TEXTILES INC
 3517 E 15TH ST
 LOS ANGELES, CA, 90023

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

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 _____

\$ 600.00

3. ⁵⁸ Nonpriority creditor's name and mailing address
 HILLCO FASTNER WAREHOUSE
 7522 PARK AVE
 GARDEN GROVE, CA, 92841

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

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 _____

\$ 0.00

3. ⁵⁹ Nonpriority creditor's name and mailing address
 HWASEUNG
 3660 WILSHIRE BLVD
 STE #325
 LOS ANGELES, CA, 90010

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

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 _____

\$ 0.00

3. ⁶⁰ Nonpriority creditor's name and mailing address
 IMPERIAL STATIONS
 8221 GARDEN GROVE BLVD
 GARDEN GROVE, CA, 92844

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

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 _____

\$ 0.00

3. ⁶¹ 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:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

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 _____

\$ 21,000.00

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. ⁶² Nonpriority creditor's name and mailing address
 ITM LTD SOUTH
 PO BOX 270
 HIGH POINT, NC, 27261-0270

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

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 _____

\$ 1,000.00

3. ⁶³ Nonpriority creditor's name and mailing address
 JAKING
 PO BOX 160
 WHITSETT, NC, 27377

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

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 _____

\$ 0.00

3. ⁶⁴ Nonpriority creditor's name and mailing address
 JK BIOSCIENCE INC
 1926 E GLADWICK ST
 RANCHO DOMINGUEZ, CA, 90220

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

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 _____

\$ 1,125.00

3. ⁶⁵ Nonpriority creditor's name and mailing address
 JOHN LISEE PUPS INC
 PO BOX 2190
 BELL GARDENS, CA, 90202

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

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 _____

\$ 369.46

3. ⁶⁶ Nonpriority creditor's name and mailing address
 KOMAR ALLIANCE
 6900 WASHINGTON BLVD
 MONTEBELLO, CA, 90640

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

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 _____

\$ 1,685.38

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. ⁶⁷ Nonpriority creditor's name and mailing address
 LA SUPPLY CO LLC
 13700 E ROSECRANS AVE
 SANTA FE SPRINGS, CA, 90670

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

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 _____

\$ 385,147.40

3. ⁶⁸ Nonpriority creditor's name and mailing address
 LUBCON TURMO LUBRICATION INC
 5460 33RD ST SE
 GRAND RAPIDS, MI, 49512

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

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 _____

\$ 0.00

3. ⁶⁹ Nonpriority creditor's name and mailing address
 LUCERO TIMOTEO
 1820 1/2 63RD ST
 LOS ANGELES, CA, 90001

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

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 _____

\$ 1,008.00

3. ⁷⁰ Nonpriority creditor's name and mailing address
 M AND K METAL CO
 14400 S FIGUEROA ST
 GARDENA, CA, 90248

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

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 _____

\$ 5,968.60

3. ⁷¹ Nonpriority creditor's name and mailing address
 MAMMIS MARKET
 1429 CHERRY AVE
 LONG BEACH, CA, 90813

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

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 _____

\$ 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

3.72 Nonpriority creditor's name and mailing address MCMaster-CARR PO BOX 7690 CHICAGO, IL, 60680-7690 As of the petition filing date, the claim is: \$ 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? [X] No [] Yes

3.73 Nonpriority creditor's name and mailing address MEASUREMENT CONTROL SYSTEM 1331 S LYON ST SANTA ANA, CA, 90007 As of the petition filing date, the claim is: \$ 18,109.23

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? [X] No [] Yes

3.74 Nonpriority creditor's name and mailing address MROSUPPLYCOM 2915 E WASHINGTON BLVD LOS ANGELES, CA, 90023 As of the petition filing date, the claim is: \$ 412.41

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? [X] No [] Yes

3.75 Nonpriority creditor's name and mailing address NEMAN BROTHERS 1525 S BROADWAY LOS ANGELES, CA, 90015 As of the petition filing date, the claim is: \$ 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? [X] No [] Yes

3.76 Nonpriority creditor's name and mailing address ONE STOP FORKLIFT PARTS INC 954 E GLADWICK ST RANCHO DOMINGUEZ, CA, 90220 As of the petition filing date, the claim is: \$ 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? [X] No [] Yes

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
 OTA AMERICA INC
 16001 MANNING WAY
 CERRITOS, CA, 90703

Date or dates debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?
 No
 Yes

\$ 0.00

3.78 Nonpriority creditor's name and mailing address
 OTI RIGGING
 22815 MADRONA AVE
 TORRANCE, CA, 90505

Date or dates debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?
 No
 Yes

\$ 0.00

3.79 Nonpriority creditor's name and mailing address
 PACIFIC COAST PROPANE LLC
 PO BOX 0427
 RIALTO, CA, 92377-0437

Date or dates debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?
 No
 Yes

\$ 1,123.16

3.80 Nonpriority creditor's name and mailing address
 PACIFIC SOURCING GROUP
 5717 FERGUSON DR
 COMMERCE, CA, 90022

Date or dates debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?
 No
 Yes

\$ 0.00

3.81 Nonpriority creditor's name and mailing address
 PACIFICA CHEMICAL INC
 935 E ARTESIA BLVD
 CARSON, CA, 90746

Date or dates debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?
 No
 Yes

\$ 83,084.48

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. ⁸² Nonpriority creditor's name and mailing address
 PAN HOLIC
 3012 W LINCOLN AVE
 ANAHEIM, CA, 92801

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

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 _____

\$ 0.00

3. ⁸³ Nonpriority creditor's name and mailing address
 PANTONE
 590 COMMERCE BLVD
 CARLSTADT, NJ, 07072

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

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 _____

\$ 0.00

3. ⁸⁴ Nonpriority creditor's name and mailing address
 PAUL C H LEE MD
 9894 GARDEN GROVE BLVD
 GARDEN GROVE, CA, 92844

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

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 _____

\$ 0.00

3. ⁸⁵ Nonpriority creditor's name and mailing address
 PAYPAL
 2211 NORTH FIRST
 ST SAN JOSE, CA, 95131

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

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 _____

\$ 0.00

3. ⁸⁶ Nonpriority creditor's name and mailing address
 PERALTA'S TRANSPORT
 1313 LOS CANTOS AVE
 ARVIN, CA, 93203

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

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 _____

\$ 18,283.00

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

3.87 Nonpriority creditor's name and mailing address
 PERFECT MEASURING TAPE
 1116 SUMMIT ST
 TOLEDO, OH, 43604

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

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 _____

\$ 0.00

3.88 Nonpriority creditor's name and mailing address
 PHO HOUSE 99
 8851 GARDEN GROVE BLVD
 GARDEN GROVE, CA, 92844

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

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 _____

\$ 0.00

3.89 Nonpriority creditor's name and mailing address
 PJ INTERNATIONAL
 PO BOX 10900
 WESTMINSTER, CA, 92685-0900

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

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 _____

\$ 487.03

3.90 Nonpriority creditor's name and mailing address
 POWER TRANSMISSION SPECIALTIES
 8803 SORENSEN AVE
 SANTA FE SPRINGS, CA, 90670

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

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 _____

\$ 5,084.46

3.91 Nonpriority creditor's name and mailing address
 PREMIER STEEL
 1330 N KNOLLWOOD CIR
 ANAHEIM, CA, 92801

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

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 _____

\$ 2,817.66

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. ⁹²	Nonpriority creditor's name and mailing address PRO KANGSAITE CO 15825 S DENKER AVE E. GARDENA, CA, 90247	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,800.53
	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. ⁹³	Nonpriority creditor's name and mailing address QUIROZ EDWARD 32000 CORTE CANEL TEMECULA, CA, 92592	As of the 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. ⁹⁴	Nonpriority creditor's name and mailing address RANBOY SPORTWEAR SA CV Calle Dalias #92046 FRACC Jardines de Tijuana BC, MEXICO	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	\$ 18,550.85
	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. ⁹⁵	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	\$ 1,890.00
	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. ⁹⁶	Nonpriority creditor's name and mailing address ROYAL PACKAGING 16742 BURKE LN HUNTINGTON BEACH, CA, 92647	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 19,024.68
	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

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

3.97 Nonpriority creditor's name and mailing address
 S & R LOGISTICA DEL PACIFICO
 Calle Esmeralda 2095-7 Y 8
 Col Valle Dorado
 Ensenada, BC, MEXICO

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

\$ 121,592.03

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 _____

3.98 Nonpriority creditor's name and mailing address
 SCALE FX INC
 PO BOX 2669
 ANAHEIM, CA, 92803

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

\$ 281.52

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 _____

3.99 Nonpriority creditor's name and mailing address
 SEJONG SUPPLY INC
 2426 WEST 237TH PL
 TORRANCE, CA, 90501

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

\$ 5,546.97

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 _____

3.100 Nonpriority creditor's name and mailing address
 SMARK COMPANY
 8636 OTIS ST
 SOUTH GATE, CA, 90280-3220

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

\$ 4,704.00

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 _____

3.101 Nonpriority creditor's name and mailing address
 SNOGEN
 16336 DOWNEY AVE
 PARAMOUNT, CA, 90723

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

\$ 30,906.87

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. ¹⁰²	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 0.00
	STARNES EDWARD 2060 PLACENTIA B-4 COSTA MESA, CA, 92627	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰³	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 368.62
	SUNSET INDUSTRIAL PARTS 1272 E 286TH ST EUCLID, OH, 44132	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰⁴	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 12,600.00
	TAILGATE PRINTING INC 2930 S Fairview St Santa Ana, CA, 92704	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰⁵	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 8,518.49
	TAMCO CHEMICAL INC 2919 OA ST SANTA ANA, CA, 92707	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰⁶	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 4,423.14
	TMT WORLD CORP 25594 OAK ST LOMITA, CA, 90717	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim: Suppliers or Vendors	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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. ¹⁰⁷ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 499.87
 TRICHROMATICWEST INC
 6070 RICKENBACKER RD
 COMMERCE, CA, 90040
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____
Last 4 digits of account number _____
Is the claim subject to offset?
 No
 Yes

3. ¹⁰⁸ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 9,813.96
 TUBE TAINER
 8174 BYRON RD
 WHITTIER, CA, 90606
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____
Last 4 digits of account number _____
Is the claim subject to offset?
 No
 Yes

3. ¹⁰⁹ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 457,498.30
 UNITED FABRICARE SUPPLY INC
 1301 W WALNUT ST
 COMPTON, CA, 90220
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____
Last 4 digits of account number _____
Is the claim subject to offset?
 No
 Yes

3. ¹¹⁰ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 411.16
 UNITED FIRE SOLUTION INC
 41120 ELM ST
 STE G
 MURRIETA, CA, 92562
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____
Last 4 digits of account number _____
Is the claim subject to offset?
 No
 Yes

3. ¹¹¹ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 29.13
 UPS
 PO BOX 894820
 LOS ANGELES, CA, 90189-4820
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____
Last 4 digits of account number _____
Is the claim subject to offset?
 No
 Yes

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. ¹¹² Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 0.00
 VEGAS MACHINEC INC
 8232 1 2 ATLANTIC AVE
 CUDAHY, CA, 90201
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes
Last 4 digits of account number _____

3. ¹¹³ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 9,965.93
 WESTCO SPECTRA COLOR
 12238 HAWKINS ST
 SANTA FE SPRINGS, CA, 90670
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes
Last 4 digits of account number _____

3. ¹¹⁴ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 0.00
 WINTERSUN CHEMICAL
 1250 E BELMONT ST
 ONTARIO, CA, 91761
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes
Last 4 digits of account number _____

3. ¹¹⁵ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 0.00
 YOU AND US
 160 W 33RD ST
 LOS ANGELES, CA, 90007
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Suppliers or Vendors
Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes
Last 4 digits of account number _____

3. _____ Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ _____
 Check all that apply.
 Contingent
 Unliquidated
 Disputed
Basis for the claim:
Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Yes
Last 4 digits of account number _____

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. J Scott Bovitz Bovitz & Spitzer 1100 Wilshire Blvd Ste 2403 Los Angeles, CA, 90017-1961	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.3.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.4.	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5.	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.	\$ 5,490.60
5b. Total claims from Part 2	5b. +	\$ 2,627,568.30
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 2,633,058.90

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

Debtor Name WesCoast Textiles, Inc.

United States Bankruptcy Court for the: Central District of California

Case number (If known): 8:19-bk-10492-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

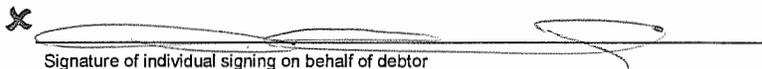
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

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