

Fill in this information to identify the case:

Debtor name Codi Sheridan, Inc.
United States Bankruptcy Court for the: Central District of California
Case number (if known): 8:19-bk-10943-CB (State)

☒ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

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

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>429,228.91</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>429,228.91</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>1,768,901.81</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>236,702.23</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>829,582.09</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>2,835,186.13</u>

Fill in this information to identify the case:

Debtor name Codi Sheridan, Inc.United States Bankruptcy Court for the: Central District of CaliforniaCase number (if known): 8:19-bk-10943-CB☒ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

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

Creditor's mailing address

5480 CORPORATE DR STE 350
TROY, MI 48098

Creditor's email address, if known

Date debt was incurred 4/23/18Last 4 digits of account
number

Do multiple creditors have an interest in the same property?

☒ Yes. Specify each creditor, including this creditor,

Describe debtor's property that is subject to a lien

All assets\$ 1,705,924.84\$ 429,228.91

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
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 10/15/18Last 4 digits of account
number

Do multiple creditors have an interest in the same property?

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

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

Describe debtor's property that is subject to a lien

All assets\$ 62,976.97\$ 429,228.90

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.

\$ 1,768,901.81

Case number (if known) 8:19-bk-10943-CB

Fill in this information to identify the case:

Debtor Codi Sheridan, Inc.

United States Bankruptcy Court for the: Central District of California

Case number 8:19-bk-10943-CB
(If known)

☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

AYERS JASMINE LEE
903 S LONE PINE LN

ANAHEIM HILLS, CA, 92808

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: \$ 0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

Priority amount

\$ 0.00**2.2** Priority creditor's name and mailing address

CHUN JAY CHONG
3708 SPENCER ST 212

TORRANCE, CA, 90503

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: \$ 0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 0.00\$ 0.00**2.3** Priority creditor's name and mailing address

CHUN JOEL P
41693 CAMINO LORADO DR

TEMECULA, CA, 92592

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: \$ 2,777.74

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 2,777.74\$ 2,777.74

Part 1. Additional Page

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

Total claim

Priority amount

2. ⁴ Priority creditor's name and mailing address

\$0.00

\$2,498.58

CHUNG JULIE
4143 W VALENCIA DR 218

FULLERTON, CA, 92833**As of the petition filing date, the claim is:**

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒
- No
-
- ☐
- Yes

2. ⁵ Priority creditor's name and mailing address

\$0.00

\$1,184.80

DAGDAG ROSE ANNE
5537 PIMENTA AVE

LAKEWOOD, CA, 90712**As of the petition filing date, the claim is:**

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒
- No
-
- ☐
- Yes

2. ⁶ Priority creditor's name and mailing address

\$0.00

\$0.00

DE LA CRUZ CYNTHIA
1964 E 130 ST

COMPTON, CA, 90222**As of the petition filing date, the claim is:**

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Date or dates debt was incurred**Basis for the claim:**

Wages, Salaries, Commissions

Last 4 digits of account number**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒
- No
-
- ☐
- Yes

2. ⁷ Priority creditor's name and mailing address

\$1,923.08

\$1,923.08

ELKHATIB BASSAM AMINE
12081 ADRIAN ST #B

GARDEN GROVE, CA, 92840**As of the petition filing date, the claim is:**

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☒
- Disputed

Date or dates debt was incurred**Basis for the claim:**

Wages, Salaries, Commissions

Last 4 digits of account number**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (4)**Is the claim subject to offset?**

- ☒
- No
-
- ☐
- Yes

Part 1.

Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
2. ⁸	Priority creditor's name and mailing address EMPLOYMENT DEVELOPMENT DEPT BANKRUPTCY UNIT GROUP MIC 92E PO BOX 826880 SACRAMENTO, CA, 94280-0001 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>8</u>)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes & Other Government Units Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,386.18 \$35,386.18
2. ⁹	Priority creditor's name and mailing address FIGUEROA LETICIA ESTRADA 201 S MAGNOLIA AVE APT 79 ANAHEIM, CA, 92804 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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Wages, Salaries, Commissions Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,599.34 \$1,599.34
2. ¹⁰	Priority creditor's name and mailing address GARCIA GRISELDA 1547 GARDENIA AVE 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) (<u>4</u>)	As of the petition filing date, the claim is: <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 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$1,868.29
2. ¹¹	Priority creditor's name and mailing address GONZALEZ CERVANDO ERRONES 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) (<u>4</u>)	As of the petition filing date, the claim is: <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 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. ¹² Priority creditor's name and mailing address

\$0.00

\$3,834.34

HERNANDEZ DOMINGO
5691 WESTERN AVE

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

BUENA PARK, CA, 90621

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

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

2. ¹³ Priority creditor's name and mailing address

\$0.00

\$1,709.61

HERNANDEZ SARAH
2857 W LINCOLN AVE 150

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

ANAHEIM, CA, 92801

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

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

2. ¹⁴ Priority creditor's name and mailing address

\$0.00

\$1,048.55

HERRERA CYNTHIA
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

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

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

2. ¹⁵ Priority creditor's name and mailing address

\$0.00

\$0.00

HIDALGO MAYVELI LAZARO
9409 BEACH ST

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

LOS ANGELES, CA, 90002

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

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

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	<div><div>Priority creditor's name and mailing address</div><div>HONG DAVID YOUNGKI 12522 SEMORA ST CERRITOS, CA, 90703</div><div><div>Date or dates debt was incurred</div><div>3/8/2019</div><div>Last 4 digits of account number</div><div></div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</div></div></div> <div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div><div>Basis for the claim:</div><div>Wages, Salaries, Commissions</div><div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div></div></div>	\$0.00	\$7,395.75
2.17	<div><div>Priority creditor's name and mailing address</div><div>HUH JEANA 228 PENDIO IRVINE, CA, 92620</div><div><div>Date or dates debt was incurred</div><div></div><div>Last 4 digits of account number</div><div></div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</div></div></div> <div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div><div>Basis for the claim:</div><div>Wages, Salaries, Commissions</div><div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div></div></div>	\$0.00	\$0.00
2.18	<div><div>Priority creditor's name and mailing address</div><div>IBRAHIM MARIA E 13891 LIPKIN DR WESTMINSTER, CA, 92683</div><div><div>Date or dates debt was incurred</div><div></div><div>Last 4 digits of account number</div><div></div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</div></div></div> <div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</div><div><div>Basis for the claim:</div><div>Wages, Salaries, Commissions</div><div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div></div></div>	\$1,745.70	\$1,745.70
2.19	<div><div>Priority creditor's name and mailing address</div><div>INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA, 19101-7346</div><div><div>Date or dates debt was incurred</div><div></div><div>Last 4 digits of account number</div><div></div><div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</div></div></div> <div><div>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div><div><div>Basis for the claim:</div><div>Taxes & Other Government Units</div><div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div></div></div>	\$192,279.15	\$192,279.15

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. ²⁰	Priority creditor's name and mailing address KIM JULIE 4224 ELIZABETH CT CYPRESS, CA, 90630 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) (<u>4</u>)	As of the petition filing date, the claim is: <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 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$3,432.39
2. ²¹	Priority creditor's name and mailing address LOPEZ VICTORIANO H 1073 HOTMAN 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) (<u>4</u>)	As of the petition filing date, the claim is: <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 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2. ²²	Priority creditor's name and mailing address LOZOYA ADRIANA D CORONADO 140 E WILLARD 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>)	As of the petition filing date, the claim is: <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 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2. ²³	Priority creditor's name and mailing address LUZQUINO CLAUDIA 3112 W GRACIOSA LN ANAHEIM, CA, 92804 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) (<u>4</u>)	As of the petition filing date, the claim is: <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 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$1,450.12

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

\$0.00

\$0.00

MARTINEZ ALICIA
412 N VLY ST
APT 2
ANAHEIM, CA, 92801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

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

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁵ Priority creditor's name and mailing address

\$0.00

\$1,151.01

MENDOZA OFELIA
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

Date or dates debt was incurred

Basis for the claim:

3/8/2019

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

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

- ☒ No
☐ Yes

2. ²⁶ Priority creditor's name and mailing address

\$0.00

\$0.00

MONTIEL OMAR
12272 LORNA ST

GARDEN GROVE, CA, 92841

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

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

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁷ Priority creditor's name and mailing address

\$0.00

\$0.00

MORALES MARIA DE LA LUZ
13782 EDWARDS ST

WESTMINSTER, CA, 92683

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

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

Total claim

Priority amount

2. ²⁸ Priority creditor's name and mailing address \$0.00 \$7,038.18

PACK EUN YOUNG
13090 SYCAMORE VLG DR

NORWALK, CA, 90650

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

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

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ²⁹ Priority creditor's name and mailing address \$991.04 \$12,850.00

PARK ANNIE E
1025 DEWEY AVE 304

LOS ANGELES, CA, 90006

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

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

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³⁰ Priority creditor's name and mailing address \$0.00 \$2,112.93

PENA OLGA LILIAMENDOZA
13492 SPRINGDALE ST

WESTMINSTER, CA, 92683

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

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

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³¹ Priority creditor's name and mailing address \$0.00 \$1,894.92

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

Date or dates debt was incurred

3/8/2019

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

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

Total claim

Priority amount

2. ³² Priority creditor's name and mailing address

\$0.00

\$0.00

PRADO YOLANDA
2233 W COLCHESTER DR C

ANAHEIM, CA, 92804

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Wages, Salaries, Commissions

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

Is the claim subject to offset?

- ☒ No
☐ Yes

2. ³³ Priority creditor's name and mailing address

\$0.00

\$3,543.24

RODIL HOMER
3930 WEST VALENCIA DR 1

FULLERTON, CA, 92833

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

3/8/2019

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

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

- ☒ No
☐ Yes

2. ³⁴ Priority creditor's name and mailing address

\$0.00

\$520.69

SKILL KELLY
195 W 31ST ST

LONG BEACH, CA, 90806

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

3/8/2019

Wages, Salaries, Commissions

Last 4 digits of account
number

Is the claim subject to offset?

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

- ☒ No
☐ Yes

2. ³⁵ Priority creditor's name and mailing address

\$0.00

\$0.00

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

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account
number

Is the claim subject to offset?

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

- ☒ 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 AUTHNET GATEWAY 19528 VENTURA BLVD 310 TARZANA, CA, 91356 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 BANK OF AMERICA PO BOX 982238 EL PASO, TX, 79998-2238 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: Overdrawn Bank Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 6,973.42
3.3	Nonpriority creditor's name and mailing address BLEICK BRENDAN 1739 N STANTO PLAC E LONG BEACH, CA, 90804 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Sales Agent Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 2,731.25
3.4	Nonpriority creditor's name and mailing address BRONCS INC. 12691 PALA DR GARDEN GROVE, CA, 92841 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: Inter-Company Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 576,220.00
3.5	Nonpriority creditor's name and mailing address CAPITAL ONE PO BOX 60599 CITY OF INDUSTRY, CA, 91716 Date or dates debt was incurred _____ Last 4 digits of account number <u>6449</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 9,992.23
3.6	Nonpriority creditor's name and mailing address CDTA K9 CA PROTECTION 2650 S MYRTLE AVE B3 MONROVIA, CA, 91016 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

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. <u>7</u>	Nonpriority creditor's name and mailing address FED EX REVENUE SERVICES 3965 AIRWAYS MODULE G MEMPHIS, TN, 38116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 239.00
	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. <u>8</u>	Nonpriority creditor's name and mailing address INTEGRATED DATA SOLUTIONS 3227 PRODUCER WAY STE 119 POMONA, CA, 91768	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,000.00
	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. <u>9</u>	Nonpriority creditor's name and mailing address MIRANDA MIREYA 2101 S PACIFIC AVE UNIT 82 SANTA ANA, CA, 92704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 760.00
	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. <u>10</u>	Nonpriority creditor's name and mailing address PRIME BUSINESS CREDIT INC 1055 W 7TH ST STE 2200 LOS ANGELES, CA, 90017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 213,790.84
	Date or dates debt was incurred <u>3/23/18</u> Last 4 digits of account number _____	Basis for the claim: Factored receivables Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>11</u>	Nonpriority creditor's name and mailing address RANBOY SPORTSWERAR SA DE CV NO 92046 FRACC JARDINES DE LA MESA TIJUANA 22126, 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 type="checkbox"/> Disputed	\$ 6,025.35
	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. ¹² Nonpriority creditor's name and mailing address

SILVER RAIN
1458 S SAN PEDRO ST
UNIT 156
LOS ANGELES, CA, 90015

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 450.00

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. ¹³ Nonpriority creditor's name and mailing address

VONDELLAAN 38
38 101 PELICAN LN

IRVINE, CA, 92618

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☒ Unliquidated
☒ Disputed

\$ 11,400.00

Basis for the claim: Sales Agent

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

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:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

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:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

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:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

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.

\$ 236,702.23

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

5b.

+ \$ 829,582.09

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

5c.

\$ 1,066,284.32

Lines 5a + 5b = 5c.

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

Debtor Name Codi Sheridan, Inc.

United States Bankruptcy Court for the: Central District of California

Case number (if known): 8:19-bk-10943-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