

Debtor(s)

Are one or more creditors being added? ☐ Yes ☒ No

The following schedules, master mailing list or statements (check all that apply) are being amended:

- ☐ Schedule A/B ☐ Schedule C ☐ Schedule D ☒ Schedule E/F ☐ Schedule G
☐ Schedule H ☐ Schedule I ☐ Schedule J ☐ Schedule J-2 ☐ Statement of Financial Affairs
☐ Statement About Your Social Security Numbers ☐ Statement of Intention ☐ Master Mailing List
☐ Other (specify) _____

We declare under penalty of perjury under the laws of the United States that the amended schedules, master mailing list, and or statements are true and correct.

Date: 8/24/2016

Debtor 1 Signature

Debtor 2 (Joint Debtor) Signature (if applicable)

NOTE: It is the responsibility of the Debtor, or the Debtor's attorney, to serve copies of all amendments on all creditors listed in this Summary of Amended Schedules, Master Mailing List, and/or Statements, and to complete and file the attached Proof of Service of Document.

Fill in this information to identify the case:

Debtor name: FREEDOM SERVICES, INC.

United States Bankruptcy Court for the: Central District of California

Case number (if known): 8:15-bk-15313-MW

☒ Check if this is an
amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

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

2.1.	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Total claim	Priority amount
	DENISE MITCHELL Address Intentionally Omitted	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,646.52	\$3,357.14
	Date or dates debt was incurred VARIOUS	Basis for the claim: WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB		Nonpriority amount \$1,289.38
	Last 4 digits of account number: 8305	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Debtor **FREEDOM SERVICES, INC.**Case number (if known) **8:15-bk-15313-MW**

2.2.	Priority creditor's name and mailing address JEAN K LEBLANC Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: 3706 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: WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$3,278.76	Priority amount \$2,874.55 Nonpriority amount \$404.21
2.3.	Priority creditor's name and mailing address RONDA JULIAN Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number: 8603 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: WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,634.18	Priority amount \$1,634.18 Nonpriority amount \$0.00