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<p>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION</p>	
<p>In re: FREEDOM SERVICES, INC.</p> <p>Debtor(s)</p>	<p>CASE NO.: 8:15-bk-15313-MW CHAPTER: 11</p>
	<p><b>SUMMARY OF AMENDED SCHEDULES, MASTER MAILING LIST, AND/OR STATEMENTS [LBR 1007-1(c)]</b></p>

A filing fee is required to amend Schedules D or E/F (see Abbreviated Fee Schedule on the Court's website [www.cacb.uscourts.gov](http://www.cacb.uscourts.gov)). A supplemental master mailing list (do not repeat any creditors on the original) is required as an attachment if creditors are being added to the Schedule D or E/F.

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) \_\_\_\_\_

I/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

DENISE MITCHELL  
Address Intentionally Omitted

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

Total claim  
\$4,646.52

Priority amount  
\$3,357.14

Contingent  
 Unliquidated  
 Disputed

Nonpriority amount  
\$1,289.38

Date or dates debt was incurred

VARIOUS

Basis for the claim:

WAGES, PTO, COMMISSIONS,  
SEVERANCE, EXP REIMB

Last 4 digits of account number: 8305

Is the claim subject to offset?

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

No  
 Yes

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

<b>2.2. Priority creditor's name and mailing address</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>Total claim</b>	<b>Priority amount</b>
JEAN K LEBLANC Address Intentionally Omitted		<input type="checkbox"/> Contingent	\$3,278.76	\$2,874.55
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b>		
VARIOUS		WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB		
<b>Last 4 digits of account number:</b> 3706		<b>Is the claim subject to offset?</b>		
Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
 <b>2.3. Priority creditor's name and mailing address</b>		<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>Total claim</b>	<b>Priority amount</b>
RONDA JULIAN Address Intentionally Omitted		<input type="checkbox"/> Contingent	\$1,634.18	\$1,634.18
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b>		
VARIOUS		WAGES, PTO, COMMISSIONS, SEVERANCE, EXP REIMB		
<b>Last 4 digits of account number:</b> 8603		<b>Is the claim subject to offset?</b>		
Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		