

Fill in this information to identify the case:

Debtor name **Fansteel, Inc.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) _____

☐ 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>	\$ 849,559.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 32,058,413.19
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 32,907,972.19

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>	\$ 37,778,698.90
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 5a of <i>Schedule E/F</i>	\$ 67,568.87
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 4,128,006.84
4. Total liabilities Lines 2 + 3a + 3b	\$ 41,974,274.61

Fill in this information to identify the case:

Debtor name **Fansteel, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) _____

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Fifth Third Bank, Chicago****Checking - Operating****8926****\$500,686.56**3.2. **Fifth Third Bank, Chicago****Controlled Cash Account****8942****\$0.00**3.3. **Fifth Third Bank, Chicago****Controlled Cash Account****8918****\$216,266.16**3.4. **Fifth Third Bank, Newport, KY****Controlled Disbursement Account****6590****\$0.00**3.5. **Fifth Third Bank, Chicago****Controlled Cash Account****7848****\$0.00**3.6. **Fifth Third Bank, Newport, KY****Controlled Disbursement Account****6590****\$0.00**3.7. **Fifth Third Bank, Newport, KY****Controlled Disbursement Account****5642****\$0.00**

Debtor Fansteel, Inc. Case number (If known) _____
Name

3.8.	<u>Fifth Third Bank, Chicago</u>	<u>Controlled Cash Account</u>	<u>7795</u>	<u>\$0.00</u>
3.9.	<u>Fifth Third Bank, Newport, KY</u>	<u>Controlled Disbursement Account</u>	<u>6533</u>	<u>\$0.00</u>
3.10.	<u>Fifth Third Bank, Newport, KY</u>	<u>Controlled Disbursement Account</u>	<u>6772</u>	<u>\$0.00</u>
3.11.	<u>Fifth Third Bank, Chicago</u>	<u>Controlled Cash Account</u>	<u>7787</u>	<u>\$0.00</u>
3.12.	<u>Fifth Third Bank, Newport, KY</u>	<u>Controlled Disbursement Account</u>	<u>6940</u>	<u>\$0.00</u>

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$716,952.72

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. Various utility, rent, service and insurance deposits to multiple vendors \$1,148,660.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$1,148,660.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 816,819.45 - 19,716.39 = ... \$797,103.06
face amount doubtful or uncollectible accounts

Debtor **Fansteel, Inc.** Case number (If known) _____
Name

11a. 90 days old or less: 1,271,992.00 - 0.00 = \$1,271,992.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

\$2,069,095.06

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

			Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:			
15.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity: % of ownership			
15.1.	One (1) redeemable preference share and one (1) common share of Archway Insurance, LTD, a Cayman Islands exempted company incorporated with limited liability. Archway is the captive insurance company that Fansteel is part of for their workers' compensation, general liability and automobile insurance coverage	%	Revenue based	\$36,000.00
15.2.	Shares of stock in FMRI, Inc., a Delaware Corporation - value subject to continuing accounting and audit	100 %	N/A	Unknown
15.3.	Shares of stock in FDM Holdings, Inc., a Delaware Corporation - value subject to continuing accounting and audit	100 %	N/A	Unknown
15.4.	Shares of stock in Fansteel de Mexico - current value subject to continuing accounting and audit	99 %	N/A	Unknown
15.5.	Shares of stock in Wellman Dynamics Corporation, a Delaware Corporation - value subject to continuing accounting and audit	100 %	N/A	Unknown
15.6.	Shares of stock in Wellman Dynamics Machining & Assembly, Inc., a Delaware Corporation - value subject to continuing accounting and audit	100 %	N/A	Unknown
15.7.	Shares of stock in Fansteel ENA USA, Inc., a Delaware Corporation - value subject to continuing accounting and audit	1 %	N/A	Unknown

Debtor **Fansteel, Inc.** Case number (If known) _____
Name

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

\$36,000.00

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials AST Division Raw Material Inventory (as of 8/31/2016)	8/31/2016	Unknown	standard cost	\$158,390.43
Intercast Division Raw Materials Inventory (as of 7/31/2016)	8/31/2016	Unknown	standard cost	\$417,763.78
20. Work in progress AST Division Work in Process Inventory (as of 8/31/2016)	8/31/2016	Unknown	standard cost	\$327,729.72
Intercast Division Work in Process Inventory (as of 7/31/2016)	8/31/2016	Unknown	standard cost	\$453,372.00
21. Finished goods, including goods held for resale AST Division Finished Goods Inventory (as of 8/31/2016)	8/31/2016	Unknown	standard cost	\$356,345.82
Intercast Division Finished Goods Inventory (as of 7/31/2016)	8/31/2016	Unknown	standard cost	\$369,507.75

22. **Other inventory or supplies**

23. **Total of Part 5.**

\$2,083,109.50

Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

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Name

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No

☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office furniture, fixtures and equipment	\$0.00	Cost Basis	\$169,821.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computers	\$0.00	Cost Basis	\$231,504.68

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$401,325.68

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			

Debtor Fansteel, Inc. Case number (If known) _____
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. <u>Autos/Trucks</u>	<u>\$0.00</u>	<u>Cost Basis</u>	<u>\$25,900.00</u>
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48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Manufacturing Equipment	\$828,157.00	Cost Basis	\$7,149,283.23
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51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$7,175,183.23

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Commercial/Industrial real estate and buildings - 513 E. 2nd St., Emporium, PA 15834	Fee simple	\$467,693.53	Cost Basis	\$849,559.00
55.2. Commercial/Industrial real estate and buildings at 1739 Commerce Rd.	Lease of non-residential real property	Unknown	N/A	Unknown

Debtor Fansteel, Inc. Case number (If known) _____
Name

55.3.	Commercial/Industrial real estate and buildings at 3600 Formosa, McAllen, TX	Lease of non-residential real estate	Unknown	N/A	Unknown
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56.	Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.	\$849,559.00
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57. Is a depreciation schedule available for any of the property listed in Part 9?
☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?
☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Four (4) registered trademarks: Fansteel Intercast, Fansteel Intercast (color logo), Fansteel Wellman Dynamics, and Fansteel American Sintered Technologies & Design	Unknown	N/A	Unknown
61. Internet domain names and websites Seven (7) internet domain names	Unknown	N/A	Unknown
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill Fansteel, Inc. - based on prior 2003 bankruptcy, amortized over 10 years in 2014, per auditors	Unknown	Tax records	\$9,455,407.00

66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.	\$9,455,407.00
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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?
☒ No
☐ Yes

Debtor Fansteel, Inc. Case number (If known) _____
Name

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

Net Operating Loss Carryforward

Tax year **2004-2012**

\$8,972,680.00

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Potential cause of action against Fifth Third Bank for Lender Liability

Unknown

Nature of claim

Amount requested **\$0.00**

Potential cause of action against TerraMar Capital LLC for breach of Non-Disclosure Agreement

Unknown

Nature of claim

Amount requested **\$0.00**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$8,972,680.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor **Fansteel, Inc.** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$716,952.72	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,148,660.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$2,069,095.06	
83. Investments. <i>Copy line 17, Part 4.</i>	\$36,000.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$2,083,109.50	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$401,325.68	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$7,175,183.23	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$849,559.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$9,455,407.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$8,972,680.00	
91. Total. Add lines 80 through 90 for each column	\$32,058,413.19	+ 91b. \$849,559.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$32,907,972.19

Fill in this information to identify the case:

Debtor name **Fansteel, Inc.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) _____

☐ 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	510 Ocean Drive Debt Acquisition, LLC Creditor's Name Attn: Brian Cassady 510 Ocean Drive, #501 Miami Beach, FL 33139 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2009 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Machinery & Equipment Describe the lien Consensual lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,139,713.83	Unknown

2.2	Actuant Corporation Creditor's Name N86 W12500 Westbrook Crossing Menomonee Falls, WI 53051 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2/5/14 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Commercial/Industrial real estate and buildings at 1739 Commerce Rd., Creston, IA Describe the lien Commercial Property Lease Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	Unknown	Unknown
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Debtor **Fansteel, Inc.**

Name

Case number (if know)

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 AIM Nationalease

Creditor's Name

**4944 Belmonth Ave, Suite 301
Youngstown, OH 44505**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/9/2013

Last 4 digits of account number

2818

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2014 Freightliner Truck

\$1,245.00

Unknown

Describe the lien

Lease Agreement

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

2.4 AIM Nationalease

Creditor's Name

**4944 Belmonth Ave, Suite 301
Youngstown, OH 44505**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/1/2015

Last 4 digits of account number

2961

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2016 International Truck

\$1,122.00

Unknown

Describe the lien

Lease Agreement

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

2.5 Atek

Creditor's Name

**10025 Valley View Rd.
Eden Prairie, MN 55344**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$6,529,918.74

\$0.00

Describe the lien

Judgment

Is the creditor an insider or related party?

☐ No

Debtor **Fansteel, Inc.** Case number (if know) _____
Name

Creditor's email address, if known

☒ Yes

Is anyone else liable on this claim?

Date debt was incurred

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 Fifth Third Leasing Co.

Creditor's Name

Describe debtor's property that is subject to a lien

\$3,926.59

Unknown

PO Box 630756

Cincinnati, OH 45263-0756

Creditor's mailing address

Describe the lien

Lease Agreement

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)

Date debt was incurred

1/27/07

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7 IP3 North America, LLC

Creditor's Name

Describe debtor's property that is subject to a lien

\$100,000.00

\$0.00

821 Mason St

San Francisco, CA 94108

Creditor's mailing address

Describe the lien

Consensual lien

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)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.8 McAllen Foreign - Trade Zone

Describe debtor's property that is subject to a lien

\$2,650.00

Unknown

Debtor **Fansteel, Inc.** Case number (if know) _____

Name

Creditor's Name

**One SW Industrial Plaza
6401 S 33rd St.
McAllen, TX 78503**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Warehouse building "N", 3600 Formosa,
McAllen, TX**

Describe the lien

Lease Agreement

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

2.9 TCTM Financial FS, LLC

Creditor's Name

**Attn: Mr. Joshua K. Philips
11990 San Vicente Blvd.
Suite 200
Los Angeles, CA 90049**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/1/2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Inventory and Accounts Receivable

\$25,000,000.00

\$50,000,000.00

Describe the lien

Senior Secured Lender

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

2.1 0 Xerox Corporation

Creditor's Name

**PO Box 660501
Dallas, TX 75266-0501**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

6/16/15

Last 4 digits of account number

353T

Describe debtor's property that is subject to a lien

KyoceraKm-3035

\$122.74

Unknown

Describe the lien

Lease Agreement

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)

Debtor **Fansteel, Inc.**

Name

Case number (if know)

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

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

\$37,778,698.
90

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

Danek Freeman, Esq.
Weil, Gotshal & Manges LLP
767 Fifth Ave
New York, NY 10153

Line 2.9

Jill Frizzley, Esq.
Weil, Gotshal & Manges LLP
767 Fifth Ave
New York, NY 10153

Line 2.9

Justin D. Lee, Esq.
Weil, Gotshal & Manges LLP
767 Fifth Ave
New York, NY 10153

Line 2.9

Ray C. Schrock, Esq. P.C.
Weil, Gotshal & Manges LLP
767 Fifth Ave
New York, NY 10153

Line 2.9

Fill in this information to identify the case:

Debtor name **Fansteel, Inc.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (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.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>R Michele Brown PO Box 141 Emporium, PA 15834</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Property taxes</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$67,388.79</p> <p>\$0.00</p>
2.2	<p>Priority creditor's name and mailing address</p> <p>Illinois State Treasurer II Workers' Compensation Commission 100 W. Randolph St., Suite 8-130 Chicago, IL 60601</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$180.08</p> <p>\$0.00</p>

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

Debtor Fansteel, Inc.		Case number (if known) _____
Name _____		
3.1	Nonpriority creditor's name and mailing address A.J. Kautz & Son 213 E 3rd St. Emporium, PA 15834 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$156.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address AAA Cooper Transportation PO Box 102442 Atlanta, GA 30368-2442 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$382.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address ABQC Corporation 1602 South 1st St. Milwaukee, WI 53204 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,344.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Abrasive Wheels, Inc. 17841 E. Valley Blvd La Puente, CA 91744-5787 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,192.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Accu-Grind 451 Center St. Johnsonburg, PA 15845 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,846.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Adtech Tool Engineering 13620 Cimarron Ave Gardena, CA 90249-2459 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$93.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address Advanced Disposal Greentree Landfill, LLC-L2 635 Toby Rd. Kersey, PA 15846 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.8	Nonpriority creditor's name and mailing address Advanced Heat Treating, Inc. 1059 Trout Run Rd, Saint Marys, PA 15857 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,287.58
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3.9	Nonpriority creditor's name and mailing address Advanced Metal Powders 44 Spleen Rd Ridgway, PA 15853 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,365.90
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3.10	Nonpriority creditor's name and mailing address Airgas USA, LLC PO Box 802576 Chicago, IL 60680-2576 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,453.08
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3.11	Nonpriority creditor's name and mailing address Alliance Express 8872 Fallbrook Dr. Houston, TX 77064 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.72
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3.12	Nonpriority creditor's name and mailing address Alliant Energy PO Box 3066 Cedar Rapids, IA 52406-3066 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,802.39
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3.13	Nonpriority creditor's name and mailing address Alloyweld Inspection Co. 796 Maple Lane Bensenville, IL 60106 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,829.75
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3.14	Nonpriority creditor's name and mailing address American Industrial Felt & Supply 450 Industrial Blvd. New Kensington, PA 15068 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$952.01
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.15	Nonpriority creditor's name and mailing address Ametek Specialty Metal Products Division PO Box 427 Eighty Four, PA 15330 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,830.00
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3.16	Nonpriority creditor's name and mailing address Analytical Services, Inc. PO Box 237 Brockway, PA 15824-0237 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174.00
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3.17	Nonpriority creditor's name and mailing address Andantex 1705 Valley Rd Wanamassa, NJ 07712 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$983.18
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3.18	Nonpriority creditor's name and mailing address ARC Metals Corporation 224 River Rd. PO Box 372 Ridgway, PA 15853 Date(s) 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: <u>Powdered metal manufacturer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,587.07
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3.19	Nonpriority creditor's name and mailing address Archives Management Warehouse 4671 Route 219 PO Box 215 Brockport, PA 15823 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.40
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3.20	Nonpriority creditor's name and mailing address ASI Datamyte, Inc. 2800 Campus Drive, Suite 60 Minneapolis, MN 55441 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.95
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3.21	Nonpriority creditor's name and mailing address Aspen Waste Systems 2951 Weeks Ave SE Minneapolis, MN 55414 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$562.96
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.22	Nonpriority creditor's name and mailing address AT&T PO Box 5080 Carol Stream, IL 60197-5080 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,062.70
<hr/>			
3.23	Nonpriority creditor's name and mailing address Automation Continuum Inc. 1411 Wynnfield Dr. Algonquin, IL 60102 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.55
<hr/>			
3.24	Nonpriority creditor's name and mailing address Avis Rent A Car System, Inc 7876 Collections Center Dr. Chicago, IL 60693 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,401.83
<hr/>			
3.25	Nonpriority creditor's name and mailing address Avnet Inc 8700 S. Price Rd. Tempe, AZ 85284 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,963.66
<hr/>			
3.26	Nonpriority creditor's name and mailing address B&B Tool & Die Subsidiary Gerg Tool & Die, Inc. 5878 Beechwood Rd Emporium, PA 15834 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,715.00
<hr/>			
3.27	Nonpriority creditor's name and mailing address B&L Information Systems 4707 Rambo Rd. Bridgman, MI 49106 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,786.00
<hr/>			
3.28	Nonpriority creditor's name and mailing address B&R Tool & Die, Inc. 214 S. Broad St. Emporium, PA 15834 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,600.00

Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.29	Nonpriority creditor's name and mailing address Baker Electric 111 Jackson Ave Des Moines, IA 50315 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00
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3.30	Nonpriority creditor's name and mailing address Bingham McCutchen LLP PO Box 3486 Boston, MA 02241-3486 Date(s) 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: <u>legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147,653.94
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3.31	Nonpriority creditor's name and mailing address Black & White Business Solutions, LLC PO Box L Brockway, PA 15824 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.00
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3.32	Nonpriority creditor's name and mailing address Black Management Advisors 510 Ocean Dr., Suite 501 Miami Beach, FL 33139 Date(s) 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: <u>Directors Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,500.00
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3.33	Nonpriority creditor's name and mailing address Bluewater Thermal Service Lockbox No. 7125377 PO Box 712537 Cincinnati, OH 45271-2537 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,698.32
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3.34	Nonpriority creditor's name and mailing address BNA 3 Bethesda Metro Center Bethesda, MD 20814 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,537.00
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3.35	Nonpriority creditor's name and mailing address Bodycote Thermal Processing 2005 Montgomery St. Fort Worth, TX 76107 Date(s) 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: <u>Provider of heat treatment services for metals and alloys</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,008.04
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.36	Nonpriority creditor's name and mailing address Bose McKinney & Evans LLP 11 Monument Circle, Suite 2700 Indianapolis, IN 46204 Date(s) 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: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169,271.20
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3.37	Nonpriority creditor's name and mailing address Bristal Metal Products, Inc 3000 Lebanon Church Rd. Suite 108 West Mifflin, PA 15122 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,349.92
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3.38	Nonpriority creditor's name and mailing address Broderick & Associates 5145 Plantation Dr. Indianapolis, IN 46250 Date(s) 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: <u>Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370,000.00
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3.39	Nonpriority creditor's name and mailing address Brown Winick Graves Gross 666 Grand Ave, Suite 2000 Des Moines, IA 50309 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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3.40	Nonpriority creditor's name and mailing address C&H Distributors, LLC 770 S 70th St. PO Box 14770 Milwaukee, WI 53214 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$549.60
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3.41	Nonpriority creditor's name and mailing address Cacheaux Cavazos & Newton 333 Convent St. San Antonio, TX 78205-1348 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,845.16
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3.42	Nonpriority creditor's name and mailing address Cachequc, Cavoos & Newton 333 Convent St. San Antonio, TX 78205-1348 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,650.70
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.43	Nonpriority creditor's name and mailing address Camco Diversified, Inc. 431 Curry Ave Saint Marys, PA 15857 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,494.48
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3.44	Nonpriority creditor's name and mailing address Cameron County Chamber of Commerce 34 E. 4th St. Emporium, PA 15834 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.45	Nonpriority creditor's name and mailing address Cameron County Echo PO Box 308 300 S. Broad St. Emporium, PA 15834 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.00
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3.46	Nonpriority creditor's name and mailing address Canfield & Joseph, Inc. 830 Armourdale Pkwy Kansas City, KS 66105 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,912.00
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3.47	Nonpriority creditor's name and mailing address Carlson Building Services 4111 Mackenzie Court NE, Suite 100 Saint Michael, MN 55376 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,638.80
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3.48	Nonpriority creditor's name and mailing address Casting Services of WI CO 304-F N Chicago Ave. PO Box 404 South Milwaukee, WI 53172-0404 Date(s) 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: <u>Casting services/Foundry technology services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131,409.85
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3.49	Nonpriority creditor's name and mailing address Central Transport PO Box 33299 Detroit, MI 48232 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,758.57
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.50	Nonpriority creditor's name and mailing address Cepeda's Parts & Equipment 1834 Fallow Run San Antonio, TX 78248 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,880.16
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3.51	Nonpriority creditor's name and mailing address Chandler Industries, Inc 1654 N. 9th St. Montevideo, MN 56265 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.00
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3.52	Nonpriority creditor's name and mailing address Chartis/National Union Fire Insurance Co PO Box 35657 Newark, NJ 07193-5657 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,428.32
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3.53	Nonpriority creditor's name and mailing address Clausen Miller PC 10 S. LaSalle Chicago, IL 60603 Date(s) 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: <u>legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,043.02
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3.54	Nonpriority creditor's name and mailing address Clearfield Wholesale Paper Co. 923 S. 4th St. PO Box 166 Clearfield, PA 16830 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$954.65
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3.55	Nonpriority creditor's name and mailing address Coface North America Credit Insurance Department 1035 W Lake St. Suite 201 Chicago, IL 60607 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,250.00
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3.56	Nonpriority creditor's name and mailing address Colors of the Earth Attn: Martin Wentzel 260 W. 54th St. APT 41J New York, NY 10019 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,400.00
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.57	Nonpriority creditor's name and mailing address Comseco, Inc. 141 Sterling Dr. Mocksville, NC 27028-1918 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,377.18
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3.58	Nonpriority creditor's name and mailing address Concord Financial Advisor One south Dearborn, Suite 2100 Chicago, IL 60603 Date(s) 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: <u>Financial advisors</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107,193.24
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3.59	Nonpriority creditor's name and mailing address The Conference Group, LLC 254 Chapman Rd. Topkis Guilding Suite 200 Newark, DE 19702 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$308.86
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3.60	Nonpriority creditor's name and mailing address Congress Tools, Inc. 51 Great Hill Rd. PO Box 1009 Naugatuck, CT 06770 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.58
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3.61	Nonpriority creditor's name and mailing address Consolidated Metal Technology 800 N. Georgetown St. Round Rock, TX 78664 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.24
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3.62	Nonpriority creditor's name and mailing address Credit Mediators Inc PO Box 456 Upper Darby, PA 19082 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,370.19
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3.63	Nonpriority creditor's name and mailing address Creston Municipal Utilities PO Box 405 Creston, IA 50801 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.86
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Debtor	Fansteel, Inc. Name	Case number (if known) _____
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3.64	Nonpriority creditor's name and mailing address Cronimet Specialty Metals PO Box 399 40 Council Ave Wheatland, PA 16161 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,844.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address CTM Global Logistics 973 North Shadeland Ave Suite 297 Indianapolis, IN 46219 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,077.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.66	Nonpriority creditor's name and mailing address Delta Dental of Iowa ASC Building PO Box 5044 Des Moines, IA 50305-5044 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,308.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	Nonpriority creditor's name and mailing address Diamond Industrial Supply Co. 302 E. 4th St. Emporium, PA 15834 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,933.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.68	Nonpriority creditor's name and mailing address Diamond Toll & Abrasive Inc. 39W207 Highland Ave Elgin, IL 60124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$310.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address Dietech Tool & Die, Inc. 425 W. Theresia Rd. Saint Marys, PA 15857 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$910.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address DIP Seal Inc. 2311 23rd Ave Rockford, IL 61104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$212.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Fansteel, Inc. Name _____	Case number (if known) _____
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3.71	Nonpriority creditor's name and mailing address Direct Energy Business PO Box 32179 New York, NY 10087-2179 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,632.18
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3.72	Nonpriority creditor's name and mailing address Dr. David G. Sanderson D. P. M. 238 Chestnut St. Saint Marys, PA 15857 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.31
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3.73	Nonpriority creditor's name and mailing address DRV Incorporated One DRV Drive Pittsburgh, PA 15221 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,271.32
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3.74	Nonpriority creditor's name and mailing address DXP Enterprises, Inc. 2050 Delaware Ave Des Moines, IA 50317-6394 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,076.31
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3.75	Nonpriority creditor's name and mailing address EFCO Finishing Corp. 5139 N. 124th St. Butler, WI 53007 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236.70
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3.76	Nonpriority creditor's name and mailing address Elk County Industries 27 Gillis Ave Ridgway, PA 15853 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,097.91
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3.77	Nonpriority creditor's name and mailing address Elk County Machining 177 West Creek Rd. Saint Marys, PA 15857 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,380.00
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known)	
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3.78	Nonpriority creditor's name and mailing address Elk Regional Health Center 763 Johnsonburg Rd. Saint Marys, PA 15857 Date(s) 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: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141.00
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3.79	Nonpriority creditor's name and mailing address Emporium Borough 421 N. Broad St. Emporium, PA 15834 Date(s) 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: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$301.30
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3.80	Nonpriority creditor's name and mailing address Emporium Secondaries, Inc. 11769 Route 120 Emporium, PA 15834 Date(s) 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: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.50
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3.81	Nonpriority creditor's name and mailing address Emporium Water Company 174 Nickler Rd. Emporium, PA 15834 Date(s) 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: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$239.83
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3.82	Nonpriority creditor's name and mailing address Faegre Baker Daniels LLP PO Box 664091 Indianapolis, IN 46266 Date(s) 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: <u>legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158,214.93
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3.83	Nonpriority creditor's name and mailing address Fairview Health Service PO Box 9358 Minneapolis, MN 55440-9358 Date(s) 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: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,421.73
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3.84	Nonpriority creditor's name and mailing address Fedex PO Box 94515 Palatine, IL 60094-4515 Date(s) 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: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.01
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Debtor	Fansteel, Inc. Name _____	Case number (if known) _____
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3.85	Nonpriority creditor's name and mailing address Fedex Freight 2200 Forward Dr. Harrison, AR 72602-0840 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246.28
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3.86	Nonpriority creditor's name and mailing address Ferrell Gas 7255 W. Highway 10 Anoka, MN 55303 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$689.08
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3.87	Nonpriority creditor's name and mailing address Fidelity Security Life Avesis 3rd Party Admin, Inc. Attn: Accounts Receivable PO Box 52718 Phoenix, AZ 85072 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,086.69
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3.88	Nonpriority creditor's name and mailing address Flat Iron Capital 950 17th St., suite 1300 Denver, CO 80202 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,521.60
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3.89	Nonpriority creditor's name and mailing address Freightquote.com 16025 W. 113th St. Lenexa, KS 66219 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.87
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3.90	Nonpriority creditor's name and mailing address Fruth, Jamison, & Elsass 3902 IDS Center 80 S. 3rd St. Minneapolis, MN 55402 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,365.56
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3.91	Nonpriority creditor's name and mailing address G.D.C., Inc. PO Box 1509 Chino Hills, CA 91709 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,745.32
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Debtor	Fansteel, Inc. Name _____	Case number (if known) _____
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3.92	Nonpriority creditor's name and mailing address General Pallet 701 County Rd. 7SW Howard Lake, MN 55349 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.00
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3.93	Nonpriority creditor's name and mailing address Geocorp, Inc. 9010 River Rd. Huron, OH 44839 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$967.57
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3.94	Nonpriority creditor's name and mailing address Getzler Henrich & Associates 295 Madison Ave, 20th Floor New York, NY 10017 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,660.30
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3.95	Nonpriority creditor's name and mailing address Gilbert Mediation Center 12700 Anderson Lakes Parkway Eden Prairie, MN 55344-7652 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,879.12
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3.96	Nonpriority creditor's name and mailing address Global Equipment Company PO Box 905713 Charlotte, NC 28290-5713 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,178.17
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3.97	Nonpriority creditor's name and mailing address GM Equipment Corporation 1229 Million Dollar Highway Kersey, PA 15846 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,509.30
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3.98	Nonpriority creditor's name and mailing address Gordon & Ree LLP 1111 Broadway, Suite 1700 Oakland, CA 94607 Date(s) 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: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,420.18
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Debtor **Fansteel, Inc.**

Name

Case number (if known)

3.99	Nonpriority creditor's name and mailing address Grainger 201 Freedom Dr. Roanoke, TX 76262-3320 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$459.22
3.100	Nonpriority creditor's name and mailing address Grainger 5959 W. Howard St. Niles, IL 60714-4014 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.91
3.101	Nonpriority creditor's name and mailing address Greenberg Traurig, P.A. 333 SE 2nd Ave, Suite 4400 Miami, FL 33131 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,161.94
3.102	Nonpriority creditor's name and mailing address GXS PO Box 640371 Pittsburgh, PA 15264-0371 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.75
3.103	Nonpriority creditor's name and mailing address H. Kramer & Co. 1339-1345 W. 21st St. Chicago, IL 60608 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,125.00
3.104	Nonpriority creditor's name and mailing address H.L. Blachford, LTD 2323 Royal Windsor Dr. Mississauga, Ontario Canada L5J1K5 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,235.00
3.105	Nonpriority creditor's name and mailing address The Hartford Group Benefits Division PO Box 8500-3690 Philadelphia, PA 19178-3690 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,242.88

Debtor	Fansteel, Inc. Name	Case number (if known)
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3.106	Nonpriority creditor's name and mailing address HCC Life Insurance Company PO Box 402032 Atlanta, GA 30384-2032 Date(s) 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: <u>Life Insurance provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125,920.23
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3.107	Nonpriority creditor's name and mailing address Health Management Systems 355 Quartermaster Court Jeffersonville, IN 47130 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,898.00
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3.108	Nonpriority creditor's name and mailing address Hemel Engineering Products, Inc. 6520 Lockport Rd. Niagara Falls, NY 14305-3597 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
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3.109	Nonpriority creditor's name and mailing address Hoeganaes Corporation PO Box 2585 Carol Stream, IL 60132-2585 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,632.14
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3.110	Nonpriority creditor's name and mailing address Houlihan Lokey Capital Inc Accounts Receivable Dept 10250 Constellation Blvd, 5th Floor Los Angeles, CA 90067-6802 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,733.25
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3.111	Nonpriority creditor's name and mailing address Independent Tool & Mold 41 W. Industrial Drive O Fallon, MO 63366-1926 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,650.00
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3.112	Nonpriority creditor's name and mailing address INDUS-Sales, Inc. PO Box 106 1062 Johnsonburg Rd. Saint Marys, PA 15857-0106 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$767.14
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Debtor	Fansteel, Inc. Name	Case number (if known)
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3.113	Nonpriority creditor's name and mailing address Instron 825 University Ave Norwood, MA 02062-2643 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,347.88
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3.114	Nonpriority creditor's name and mailing address INTEK Systems, Inc. Dept 116246 PO Box 5211 Binghamton, NY 13902-5211 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$458.65
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3.115	Nonpriority creditor's name and mailing address Interactive Health Solutions 3800 North Wilke Rd. Suite 155 Arlington Heights, IL 60004 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,050.00
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3.116	Nonpriority creditor's name and mailing address Internal Med Consultants 1700 W. townline St. Suite 1700 Creston, IA 50801 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266.00
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3.117	Nonpriority creditor's name and mailing address ION Technologies, Inc. 324 Servidea Dr. PO Box 110 Ridgway, PA 15853 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430.10
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3.118	Nonpriority creditor's name and mailing address IPS Ceramics, LTD Unit 6 High Carr Business park New Castle United Kingdom, ST57UH Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,014.00
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3.119	Nonpriority creditor's name and mailing address Iron Mountain PO Box 27128 New York, NY 10087-7128 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,847.72
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.120	Nonpriority creditor's name and mailing address J Krupa Company, Inc. 419 E. Eric Avenue Extension P.O. Box 971 Saint Marys, PA 15857 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,045.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	Nonpriority creditor's name and mailing address J M Delullo Stone Sales 1247 Million Dollar Highway Kersey, PA 15846 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,440.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	Nonpriority creditor's name and mailing address James B. Schwab Company, Inc 223 W. Main St. Falconer, NY 14733-0006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$97.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123	Nonpriority creditor's name and mailing address Jay Allen Chaffee, Esq. Attorney at Law 712 Main St. Suite 1700 Houston, TX 77002 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124	Nonpriority creditor's name and mailing address Kanawha Scales & Systems 579-A Parkway Monongahela, PA 15063 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,109.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.125	Nonpriority creditor's name and mailing address Kennedy Vision Center 10600 Old County Rd. 15 Minneapolis, MN 55441 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126	Nonpriority creditor's name and mailing address Keystone Diversified Pipe Supply 114 Stackpole St. Saint Marys, PA 15857 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$718.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.127	Nonpriority creditor's name and mailing address Kiesling Associates, LLP 7780 Office Plaza Dr. S, Suite 184 West Des Moines, IA 50266-2337 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$265.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128	Nonpriority creditor's name and mailing address Kolene Corporation 12890 Westwood St. Detroit, MI 48223-3436 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,831.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.129	Nonpriority creditor's name and mailing address KS&C Industries, LLP 2750 S. Hanley Rd Saint Louis, MO 63143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.130	Nonpriority creditor's name and mailing address L&M Pro Hardware Store 923 Sizerville Rd. Emporium, PA 15834 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$146.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.131	Nonpriority creditor's name and mailing address Laser Lux PO Box 814 Mercedes, TX 78570-0814 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$828.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132	Nonpriority creditor's name and mailing address Lean Horizons Consulting PO Box 1034 Glastonbury, CT 06033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,462.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.133	Nonpriority creditor's name and mailing address Leco Corporation PO Box 8790 Benton Harbor, MI 49023-8790 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,511.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.134	Nonpriority creditor's name and mailing address Lenze Electric Service 437 Emerald Rd. Saint Marys, PA 15857 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.00
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3.135	Nonpriority creditor's name and mailing address Lifetech Equipment Companies 6847 Ellicott Dr. East Syracuse, NY 13057 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.136	Nonpriority creditor's name and mailing address Liftech/ED Farrel 1225 E. 2nd St. Jamestown, NY 14701 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$916.92
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3.137	Nonpriority creditor's name and mailing address Linde, LLC 575 Mountain Ave PO Box 1047 New Providence, NJ 07974-2097 Date(s) 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: <u>Gas and engineering services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,077.32
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3.138	Nonpriority creditor's name and mailing address Link Industrial PO Box 1783 Pharr, TX 78577 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$732.00
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3.139	Nonpriority creditor's name and mailing address Locke-Brothers Inc. 2525 North 124 Suite 220 Brookfield, WI 53005 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,860.44
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3.140	Nonpriority creditor's name and mailing address LPS International 375 Staunton PO Box 6133 Brownsville, TX 78523-6133 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.60
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Debtor Fansteel, Inc.		Case number (if known) _____	
Name _____			

3.141	Nonpriority creditor's name and mailing address M & S Tooling, Inc. 455 County Rd. 3250 Emory, TX 75440 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,500.00
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3.142	Nonpriority creditor's name and mailing address M Argueso & Company, Inc. 2628 River Ave Rosemead, CA 91770-3395 Date(s) 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: <u>Wax Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113,326.08
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3.143	Nonpriority creditor's name and mailing address Maslon Edelman Borman & Brand 3300 Wells Fargo Center 90 South 7th St. Minneapolis, MN 55402-4140 Date(s) 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: <u>legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,157.95
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3.144	Nonpriority creditor's name and mailing address Matheson Tri-Gas DBA Valley 1225 Brussels St. Saint Marys, PA 15857 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.10
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3.145	Nonpriority creditor's name and mailing address McAllen Foreign - Trade Zone One SW Industrial Plaza 604 S. 33rd St. McAllen, TX 78503 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,873.71
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3.146	Nonpriority creditor's name and mailing address McDermott Will & Emery 227 W. Monroe St. Suite 4400 Chicago, IL 60606-5096 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,030.00
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3.147	Nonpriority creditor's name and mailing address McMaster-Carr Supply Company PO Box 7690 Chicago, IL 60680-7690 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,712.10
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Debtor	Fansteel, Inc. Name	Case number (if known)
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3.148	Nonpriority creditor's name and mailing address McMaster-Carr Supply Company PO Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,730.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.149	Nonpriority creditor's name and mailing address Mid-Cameron Authority 421 N. Broad St. Emporium, PA 15834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$503.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.150	Nonpriority creditor's name and mailing address Midwest Maintenance & Mechanical 710 Pennsylvania Ave S., Suite B Minneapolis, MN 55426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,677.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.151	Nonpriority creditor's name and mailing address Million Dollar Machining, Inc. Million Dollar Highway PO Box 762 Saint Marys, PA 15857 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.152	Nonpriority creditor's name and mailing address MLS Freight Logistics 1802 S Expressway 281 Edinburg, TX 78542 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.153	Nonpriority creditor's name and mailing address MS Jacobs & Associates, Inc. 810 Noblestown Rd. Pittsburgh, PA 15205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$979.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.154	Nonpriority creditor's name and mailing address MX Industrial Distributor 181 Railroad Dr. Warminster, PA 18974 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$576.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.155	Nonpriority creditor's name and mailing address Nalco Company PO Box 70716 Chicago, IL 60673-0716 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,292.64
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3.156	Nonpriority creditor's name and mailing address National Corporate Research 10 E. 40th St. 10th Floor New York, NY 10016 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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3.157	Nonpriority creditor's name and mailing address Nu-Co Tool, Inc. 7310 N. Liberty Edinburg, TX 78541 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,152.00
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3.158	Nonpriority creditor's name and mailing address Oxygen Service Co Inc. 1111 Pierce Butler Rte Saint Paul, MN 55104 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449.55
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3.159	Nonpriority creditor's name and mailing address Paradigm Productions, Inc. 2500 E. Devon Ave, First Floor Des Plaines, IL 60018 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.160	Nonpriority creditor's name and mailing address Paragon Acquisitions LLC PO Box 430 Ashtabula, OH 44005 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,931.84
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3.161	Nonpriority creditor's name and mailing address Paris Uniform Rental & Supply 67 Hoover Ave PO Box 1043 Du Bois, PA 15801-1043 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,650.75
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Debtor	Fansteel, Inc. Name	Case number (if known)
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3.162	Nonpriority creditor's name and mailing address Penn Pallet 675 Fillmore Rd. Saint Marys, PA 15857 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,085.10
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3.163	Nonpriority creditor's name and mailing address Pennsylvania Controls 119 W. Pike St. Suite 3 Houston, PA 15342 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$513.45
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3.164	Nonpriority creditor's name and mailing address Pennsylvania One Call System, Inc. PO Box 641121 Pittsburgh, PA 15264-1121 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.165	Nonpriority creditor's name and mailing address Pennsylvania SCDU PO Box 69112 Harrisburg, PA 17106-9112 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$648.20
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3.166	Nonpriority creditor's name and mailing address Perez Services, Inc. 125 Electronics Blvd. Suite L3 Huntsville, AL 35824 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$970.00
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3.167	Nonpriority creditor's name and mailing address Pioneer Metal Finishing 1717 West River Road North Minneapolis, MN 55411 Date(s) 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: <u>scrap metal recycling, Foundry, Melt Stock</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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3.168	Nonpriority creditor's name and mailing address Pioneer Metal Solutions 4031 Bronze Way Dallas, TX 75237 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99,797.22
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Debtor	Fansteel, Inc. Name _____	Case number (if known) _____
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3.169	Nonpriority creditor's name and mailing address Power Drives, Inc. 3003 Pittsburgh Ave Erie, PA 16508 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$951.16
3.170	Nonpriority creditor's name and mailing address Premier Asset Recovery Group 77 East Palatine Rd. Prospect Heights, IL 60070-1811 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,202.39
3.171	Nonpriority creditor's name and mailing address Prism Industrial LLC c/o Curtis J. Zamec, II 1470 Cherry Place Mound, MN 55364 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,875.00
3.172	Nonpriority creditor's name and mailing address Prochem Tech Interantional 51 Prochem Tech Drive PO Box 214 Brockway, PA 15824 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.173	Nonpriority creditor's name and mailing address Product Assurance Services, Inc. 328 State St. Saint Marys, PA 15857 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,112.89
3.174	Nonpriority creditor's name and mailing address Productivity, Inc. 13435 "A" ST. Omaha, NE 68144-3665 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,631.62
3.175	Nonpriority creditor's name and mailing address Prolink Incorporated 148 Eastern Blvd. Glastonbury, CT 06033 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.00

Debtor	Fansteel, Inc. Name _____	Case number (if known) _____
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3.176	Nonpriority creditor's name and mailing address Pyrotek W228 N2792 DUPLAINVILLE RD Waukesha, WI 53186 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$776.00
3.177	Nonpriority creditor's name and mailing address Quala-Die, Inc. 1250 Bruxelles St. Saint Marys, PA 15857-1902 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,060.00
3.178	Nonpriority creditor's name and mailing address Quality Metal Coatings, Inc, 122 Access Rd. Saint Marys, PA 15857 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,559.85
3.179	Nonpriority creditor's name and mailing address Quickparts 301 Perrimeter Center North Suite 500 Atlanta, GA 30346 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$790.23
3.180	Nonpriority creditor's name and mailing address Racoh Products, Inc. 1751 Rich Valley Rd. PO Box 29 Emporium, PA 15834 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,193.44
3.181	Nonpriority creditor's name and mailing address Rebco, Inc. 650 Brandy Camp Rd. Kersey, PA 15846 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,099.23
3.182	Nonpriority creditor's name and mailing address Reid's Napa 31 E. 4th St. Emporium, PA 15834 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.72

Debtor	Fansteel, Inc. Name _____	Case number (if known) _____
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3.183	Nonpriority creditor's name and mailing address Remet Pic, Inc. 210 Commons Rd. Utica, NY 13502-6395 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,768.58
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3.184	Nonpriority creditor's name and mailing address Rio Tinto 100 W. 33rd St. New York, NY 10001 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,996.00
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3.185	Nonpriority creditor's name and mailing address Rosenquist Construction 2514 24th Ave South Minneapolis, MN 55406 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,364.00
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3.186	Nonpriority creditor's name and mailing address Roser Customs Service 400 East 13th St. Brownsville, TX 78520 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$732.50
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3.187	Nonpriority creditor's name and mailing address Royal Metals 433 Continental Dr. Maryville, TN 37804 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,275.00
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3.188	Nonpriority creditor's name and mailing address RR Donnelley 7810 Solution Center Chicago, IL 60677-7008 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,098.32
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3.189	Nonpriority creditor's name and mailing address Safety-Kleen 5360 Legacy Dr. Plano, TX 75024 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,371.75
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Debtor **Fansteel, Inc.**

Name

Case number (if known)

3.190	Nonpriority creditor's name and mailing address Sandburg Oil Company, Inc. 1641 Olean Portville Rd. Olean, NY 14760-9504 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,463.58
3.191	Nonpriority creditor's name and mailing address SD&R 219 Servidea Dr. Ridgway, PA 15853 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.25
3.192	Nonpriority creditor's name and mailing address Simtec 3663 Broadmoor SE Grand Rapids, MI 49512 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,500.00
3.193	Nonpriority creditor's name and mailing address Sinterite Furnace Division Gasbarre Products, Inc. 310 State Rd. Saint Marys, PA 15857 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$390.00
3.194	Nonpriority creditor's name and mailing address Sistemas Industriales De Calidad Prol Miravalle N 791 Saltillo Coah Mexico CP25260 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$462.00
3.195	Nonpriority creditor's name and mailing address Sonntag & Partner Schertlinstr. 23 86159 Augsburg Germany Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,942.21
3.196	Nonpriority creditor's name and mailing address Spirit Services 15801 Lockwood Rd. Williamsport, MD 21795 Date(s) 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.50

Debtor	Fansteel, Inc. Name	Case number (if known) _____
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3.197	Nonpriority creditor's name and mailing address St. Marys Box Company, Inc. South St. Marys Road PO Box 910 Saint Marys, PA 15857 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,387.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.198	Nonpriority creditor's name and mailing address St. Marys Metal Finishing, Inc. 1057 Trout Run Rd. Saint Marys, PA 15857 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,006.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.199	Nonpriority creditor's name and mailing address Stevens & Lee Lawyers & Consultants 485 Madison Ave 20th Floor New York, NY 10022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,542.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.200	Nonpriority creditor's name and mailing address Super 8 - Creston 804 W. Taylor St. Creston, IA 50801-3534 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$246.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.201	Nonpriority creditor's name and mailing address Superior Machining, Inc. 317 Aspen Way Du Bois, PA 15801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,967.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.202	Nonpriority creditor's name and mailing address Superior Tooling Technology 12027 Route 120 Emporium, PA 15834 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,555.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.203	Nonpriority creditor's name and mailing address Supertel Inn & Conference 800 Laurel St. Creston, IA 50801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,909.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.204	Nonpriority creditor's name and mailing address Supply Innovations Company 200 Chihuahua St., Suite 100 San Antonio, TX 78207 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$371.51
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3.205	Nonpriority creditor's name and mailing address Surface Preparation - Texas 6035 S Loop East Houston, TX 77033 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,068.66
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3.206	Nonpriority creditor's name and mailing address Synergetic Solutions Inc. 3890 Pheasant Ridge Dr. NE Suite 180 Minneapolis, MN 55449 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,357.50
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3.207	Nonpriority creditor's name and mailing address Talisman International 901 N. Glebe Rd. Suite 801 Arlington, VA 22203 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,010.00
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3.208	Nonpriority creditor's name and mailing address The Tharpe Company, Inc. PO Box 1719 Statesville, NC 28687 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.20
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3.209	Nonpriority creditor's name and mailing address Tinius Olsen Testing Mach 1065 Easton Rd. Horsham, PA 19044-8009 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,771.00
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3.210	Nonpriority creditor's name and mailing address Toll Gas & Welding 3005 Niagara Lane Minneapolis, MN 55447 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,109.50
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Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.211	Nonpriority creditor's name and mailing address Traffic Tech Incorporated 1845 104th Ave Unit 131 Calgary, AB Canada Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,120.00
<hr/>			
3.212	Nonpriority creditor's name and mailing address Trebol Florida, LLC 11400 New Berlin Rd. Jacksonville, FL 32226 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,672.00
<hr/>			
3.213	Nonpriority creditor's name and mailing address Trout Run Secondary 344 Depot St. Saint Marys, PA 15857 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,864.68
<hr/>			
3.214	Nonpriority creditor's name and mailing address Trudell Trailers Minnesota 9600 71st St. NE Albertville, MN 55301 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,282.27
<hr/>			
3.215	Nonpriority creditor's name and mailing address Turret Steel Industries 105 Pine St. Imperial, PA 15126 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.60
<hr/>			
3.216	Nonpriority creditor's name and mailing address ULINE 2200 S. Lakeside Dr Waukegan, IL 60085 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.49
<hr/>			
3.217	Nonpriority creditor's name and mailing address Unicorn HRO 25-0 Hanover Rd. Florham Park, NJ 07932 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,236.60

Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.218	Nonpriority creditor's name and mailing address Unum Life Insurance Co PO Box 406834 Atlanta, GA 30384-6834 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,127.50
<hr/>			
3.219	Nonpriority creditor's name and mailing address V&D Drilling & Tapping 125 Neubert St. DN Saint Marys, PA 15857 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,655.29
<hr/>			
3.220	Nonpriority creditor's name and mailing address Venable LLP 1270 Avenue of the Americas Rockefeller center, 24th Floor New York, NY 10020 Date(s) 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: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$327,744.75
<hr/>			
3.221	Nonpriority creditor's name and mailing address Venture Tech Sale & Services 801 E. Jackson Place Broken Arrow, OK 74012 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,939.29
<hr/>			
3.222	Nonpriority creditor's name and mailing address Veritas Legal Services Four Smithfield St. 10th Floor Pittsburgh, PA 15222 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
<hr/>			
3.223	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 25505 Lehigh Valley, PA 18002-5505 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.75
<hr/>			
3.224	Nonpriority creditor's name and mailing address W&H Machine Shop, Inc. 1051 Trout Run Road Saint Marys, PA 15857 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,520.00

Debtor	Fansteel, Inc. <small>Name</small>	Case number (if known) _____
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3.225	Nonpriority creditor's name and mailing address W.P. and R.S. Mars Company 215 E. 78th St. Minneapolis, MN 55420-1291 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$787.88
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3.226	Nonpriority creditor's name and mailing address Weiss & Company LLP 2700 Patriot Blvd, Suite 400 Glenview, IL 60026 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,005.00
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3.227	Nonpriority creditor's name and mailing address Wells Fargo Ins Services Lockbox 203312 - MN Bloomington PO Box 203312 Dallas, TX 75320-3312 Date(s) 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: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$384,942.78
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3.228	Nonpriority creditor's name and mailing address Whitesell Corporation 2703 E. Avalon Ave PO Box 2570 Muscle Shoals, AL 35662-2570 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,293.19
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3.229	Nonpriority creditor's name and mailing address Windstream Attn: Support Services 1720 Galleria Blvd. Charlotte, NC 28270 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,263.84
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3.230	Nonpriority creditor's name and mailing address Woodside Capital Attn: Daphne J. Firthet 444 Washington St. Woburn, MA 01801 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,275.87
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3.231	Nonpriority creditor's name and mailing address Wright Tool & Die 4829 Prime Parkway McHenry, IL 60050 Date(s) 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,260.00
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Debtor **Fansteel, Inc.** Case number (if known) _____
Name

3.232 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$560.24**
Xerox Corporation
PO Box 660501
Dallas, TX 75266-0501
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.233 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,697.01**
XPO Logistics-Less-Than-Truckload
PO Box 5160
Portland, OR 97208-5160
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.234 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$465.40**
YRC
3500 N. McColi
McAllen, TX 78501
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.235 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$145.89**
Zee Medical Service Buffa
PO Box 1647
Williamsville, NY 14231
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 67,568.87
5b. +	\$ 4,128,006.84
5c.	\$ 4,195,575.71

Fill in this information to identify the case:

Debtor name **Fansteel, Inc.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Building located at 1739 Commerce Road, Creston, Iowa**

State the term remaining **2 years**

List the contract number of any government contract _____

**Actuant Corporation
N86 W12500 Westbrook Crossing
Menomonee Falls, WI 53051**

2.2. State what the contract or lease is for and the nature of the debtor's interest **2014 Freightliner Truck**

State the term remaining **4 years**

List the contract number of any government contract _____

**AIM National Lease
4944 Belmont Ave Suite 301
Youngstown, OH 44505**

2.3. State what the contract or lease is for and the nature of the debtor's interest **2016 International Truck**

State the term remaining **6 years**

List the contract number of any government contract _____

**AIM National Lease
4944 Belmont Ave Suite 301
Youngstown, OH 44505**

2.4. State what the contract or lease is for and the nature of the debtor's interest **200 Ton Upright Sizing Press**

State the term remaining **Perpetual**

List the contract number of any government contract _____

**Fifth Third Leasing Company
PO Box 630756
Cincinnati, OH 45263-0756**

Debtor 1 **Fansteel, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Warehouse building "N", 3600 Formosa, McAllen, TX**

State the term remaining **11 months**

List the contract number of any government contract _____

**McAllen Foreign Trade Zone, Inc.
6401 S. 33rd St.
McAllen, TX 78503**

2.6. State what the contract or lease is for and the nature of the debtor's interest **KyoceraKM-3035**

State the term remaining **3 years**

List the contract number of any government contract _____

**Xerox Corporation
PO Box 660501
Dallas, TX 75266-0501**

Fill in this information to identify the case:

Debtor name **Fansteel, Inc.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Wellman Dynamics Corporation**

TCTM Financial FS, LLC

☒ D **2.9**
☐ E/F _____
☐ G _____

2.2 **Wellman Dynamics Machining & Assembly**

TCTM Financial FS, LLC

☒ D **2.9**
☐ E/F _____
☐ G _____