

Fill in this information to identify the case:

Debtor name Wellman Dynamics Corporation

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number (if known) 16-01825

☒ 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 <small>Creditor's Name</small> 510 Ocean Drive Suite 501 Miami Beach, FL 33139 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 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 Mortgage in Book 1075, Page 086 Describe the lien Second Mortgage 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	\$9,500,000.00	Unknown

2.2	AIR MACH <small>Creditor's Name</small> 2345 DELAWARE AVENUE DES MOINES, IA 50317 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 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 Describe the lien Judgment 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	\$181.71	\$0.00
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Debtor **Wellman Dynamics Corporation** Case number (if know) **16-01825**

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent
☐ Unliquidated
☒ Disputed

2.3 Busby Metals, Inc. Creditor's Name 55 Davids Dr. Hauppauge, NY 11788 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? <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 <div style="text-align: right;">\$3,450.97</div> <div style="text-align: right;">\$0.00</div> <hr/> Describe the lien Judgment 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 checked="" type="checkbox"/> Disputed
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2.4 CEDAR VALLEY BANK & TRUST Creditor's Name C/O KIM FRUSH 321 MAIN STREET LAPORTE CITY, IA 50651 Creditor's mailing address Creditor's email address, if known Date debt was incurred 10/30/2012 Last 4 digits of account number 4130 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 <div style="text-align: right;">\$29,217.96</div> <div style="text-align: right;">\$284,334.61</div> <hr/> An assignment of Performance Edge Contract between Interstate Power and Light Co. and Wellman Dynamics Contract No. 43393 CORRECTED CLAIM AMOUNT and MARKET VALUE <hr/> 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
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2.5 Dunn and Company Creditor's Name 1335 NE 50th Ave Des Moines, IA 50313 Creditor's mailing address	Describe debtor's property that is subject to a lien <div style="text-align: right;">\$421.93</div> <div style="text-align: right;">\$0.00</div> <hr/> Describe the lien
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Debtor **Wellman Dynamics Corporation** Case number (if known) **16-01825**

Name

Judgment 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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

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.

2.6 Foundry Solutions & Design, LLC

Creditor's Name

**316 Maxwell Rd. Suite 500
Alpharetta, GA 30009**

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.

Describe debtor's property that is subject to a lien

Judgment was paid 10/24/2014

\$24,566.58

Unknown

Describe the lien

Judgment Lien LACV017630

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

2.7 Gardenia Ventures, LLC

Creditor's Name

**PO Box 64
Arnolds Park, IA 51331**

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.

Describe debtor's property that is subject to a lien

\$95,301.00

\$0.00

Describe the lien

Tax 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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Debtor **Wellman Dynamics Corporation** Case number (if know) **16-01825**
Name

2.8 **MCH Systems, LLC** Describe debtor's property that is subject to a lien **\$4,274.65** **\$0.00**
Creditor's Name

**8818 Washington Cir
Omaha, NE 68127-4011**

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.

Describe the lien

Mechanic's 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)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.9 **MID-IOWA ENVIRONMENTAL** Describe debtor's property that is subject to a lien **\$1,000.00** **\$0.00**
Creditor's Name

**3009 SW 9th
DES MOINES, IA 50315**

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.

Describe the lien

Judgment Lien LACV017646

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 **Olympus America Inc.** Describe debtor's property that is subject to a lien **\$995.66** **\$0.00**
Creditor's Name

**3500 Corporate Parkway
Center Valley, PA 18034**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

ADDED CREDITOR

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 **Wellman Dynamics Corporation**
Name

Case number (if know) **16-01825**

Last 4 digits of account number
8001

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

2.1
1 **Overhead Door Company**

Creditor's Name

**15205 Hickman Rd.
Clive, IA 50325**

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.

Describe debtor's property that is subject to a lien

\$4,836.40

\$0.00

ADDED CREDITOR

Describe the lien

Judgment 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)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed

2.1
2 **PCX Aerostructures, LLC**

Creditor's Name

**c/o Timothy J. Fagan
300 Fenn Rd.
Newington, CT 06111**

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.

Describe debtor's property that is subject to a lien

\$1,324,681.30

\$0.00

Describe the lien

Judgment 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)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed

2.1
3 **PITNEY BOWES GLOBAL
FINANCIAL SERV**

Describe debtor's property that is subject to a lien

\$5,387.28

\$0.00

Debtor **Wellman Dynamics Corporation** Case number (if know) **16-01825**
Name

Creditor's Name

**P.O. BOX 85460
Louisville, KY 40285-5460**

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.

Postage meter ADDED CREDITOR

Describe the lien

Leased equipment

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
4

Vision Financial Group, Inc.

Creditor's Name

**615 Iron City Drive
Pittsburgh, PA 15205**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

5/15

Last 4 digits of account number

0101

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

\$3,261.00

\$0.00

ADDED CREDITOR

Lease for a Hyundai End Loader. Lease is for 54 months.

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

2.1
5

W&W Welding & Fabrication

Creditor's Name

**c/o Larry Waltersdorf
497 N Nc 11 903 Hwy
Kenansville, NC 28349**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien

\$2,921.87

\$0.00

ADDED CREDITOR

Describe the lien

Judgment 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)

Debtor **Wellman Dynamics Corporation**
Name

Case number (if know) **16-01825**

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

2.1
6 **WESTWIND
LOGISTICS,LLC**

Creditor's Name

**3068 380TH ST
STORY CITY, IA 50248**

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.

Describe debtor's property that is subject to a lien

\$763.60

\$0.00

Describe the lien

Judgment Lien Case No. SCSC013326

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

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

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

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

**\$11,001,261.
91**

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 Part1. 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 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

**Pitney Bowes Global Financial
PO Box 371874
Pittsburgh, PA 15250**

Line **2.16**

Fill in this information to identify the case:

Debtor name **Wellman Dynamics Corporation**

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

Case number (if known) **16-01825**

☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

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

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address GMP & Employers Pension Plan c/o Gale Steven Finley, Esq. Sebaly Shillito & Dyer - 3 1900 Kettering Tower Dayton, OH 45423 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	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: Unpaid contributions plus damages and interest CORRECTED CLAIM AMOUNT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450,730.78 \$450,730.78
2.2	Priority creditor's name and mailing address IAM National Pension Fund 1300 Connecticut Ave NW Suite 300 Washington, DC 20036-1703 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	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: Pension Fund CORRECTED CLAIM AMOUNT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68,922.00 \$68,922.00

Debtor	Name	Case number (if known)	16-01825
2.3	Priority creditor's name and mailing address Pension Benefit Guaranty Corp PO Box 105758 Atlanta, GA 30348-5758	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	\$15,190.54 \$15,190.54
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Basis for the claim: Interest/Penalty on 2015 Premium ADDED CREDITOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address U S TREASURY-FS	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	\$168.65 \$168.65
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: DELETE THIS CREDITOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Union County Treasurer 300 North Pine St. Ste 8 Creston, IA 50801	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	\$267,102.00 \$267,102.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Property Taxes CORRECTED CLAIM AMOUNT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Wellman Dynamics Corporation Salaried Employees Retirement Plan c/o Principal Financial Group PO Box 9394 Des Moines, IA 50306-9394	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,077,144.00 \$1,077,144.00
	Date or dates debt was incurred 7/10/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **Wellman Dynamics Corporation**
Name

Case number (if known) **16-01825**

3.1	Nonpriority creditor's name and mailing address A-TEC RECYCLING, INC. PO BOX 57580 Pleasant Hill, IA 50317-0010 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,859.25
3.2	Nonpriority creditor's name and mailing address ACOM Solutions 2455 Meadowbrook Pkwy DULUTH, GA 30096 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$999.38
3.3	Nonpriority creditor's name and mailing address AEROSPACE RESOURCES C/O AL SHERERTZ 1625 Amarado Wichita, KS 67212 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,851.25
3.4	Nonpriority creditor's name and mailing address AIRGAS NORTH CENTRAL 3011-B East Capitol Drive Appleton, WI 54911 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,058.68
3.5	Nonpriority creditor's name and mailing address Alliant Utilities 208 W Taylor 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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities - Gas and Electric</u> <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144,980.58
3.6	Nonpriority creditor's name and mailing address ARAMARK UNIFORM SERVICES PO Box 16067 Des Moines, IA 50316 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,541.01
3.7	Nonpriority creditor's name and mailing address ASI Datamyte, Inc. 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	16-01825
3.8	Nonpriority creditor's name and mailing address ASK CHEMICALS 495 METRO PLACE SOUTH SUITE #250 DUBLIN, OH 43017 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,786.56
3.9	Nonpriority creditor's name and mailing address Aspen Waste Systems 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address AVIATION WEEK & SPACE TECHNOLOGY c/o Penton Media 1166 Avenue of the Americas New York, NY 10036 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
3.11	Nonpriority creditor's name and mailing address B.M. PAPER SALES 1016 W MONTGOMERY STREET 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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,266.54
3.12	Nonpriority creditor's name and mailing address B/P ASSOCIATES 3500 CENTER POINT ROAD SUITE 1 CEDAR RAPIDS, IA 52403 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,659.00
3.13	Nonpriority creditor's name and mailing address BEAVEX, INC 5085 NE 17th St. Des Moines, IA 50313 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$647.97
3.14	Nonpriority creditor's name and mailing address Bonetti & Partners SRL Via de Marini 1 Genova Italy 16149 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>Sales Commission</u> <u>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,517.20

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3.15	Nonpriority creditor's name and mailing address Busby Metals, Inc. 55 Davids Drive Hauppauge, NY 11788 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 checked="" type="checkbox"/> Disputed Basis for the claim: <u>Small Claims Judgment SCSC013214 Paid 9/25/15</u> ADDED CREDITOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,450.97
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3.16	Nonpriority creditor's name and mailing address CANFIELD & JOSEPH CO. 830 ARMOURDALE PARKWAY 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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,006.48
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3.17	Nonpriority creditor's name and mailing address CAREER RESOURCES INC 7318 Esfera St. Carlsbad, CA 92009 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,350.00
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3.18	Nonpriority creditor's name and mailing address Carlson Building Services 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.19	Nonpriority creditor's name and mailing address CARPENTER BROTHERS, INC. 2828 ANTHONY LANE SOUTH #225 MINNEAPOLIS, MN 55418 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,456.63
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3.20	Nonpriority creditor's name and mailing address RICK CARTER 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.21	Nonpriority creditor's name and mailing address Chandler Industries, Inc 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.22	Nonpriority creditor's name and mailing address CITY OF LORIMOR 503 MAIN STR LORIMOR, IA 50149-0125 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.62
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3.23	Nonpriority creditor's name and mailing address Clausen Miller PC IL 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.24	Nonpriority creditor's name and mailing address Constellation New Energy Gas Div. LLC Bank of America Lockbox Services 15246 Collections Center DR Chicago, IL 60693-0001 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 Supplier</u> <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,166.37
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3.25	Nonpriority creditor's name and mailing address CRESTON VISION CLINIC PC 1610 W. Towline St. #115 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: <u>CORRECTED CLAIM AMOUNT AND ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.26	Nonpriority creditor's name and mailing address CTM GLOBAL LOGISTICS 3522 E 600 N Greenfield, IN 46140-8947 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.93
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3.27	Nonpriority creditor's name and mailing address DISTRIBUTION BY AIR 5404 NORTH 99TH STREET OMAHA, NE 68134 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,488.95
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3.28	Nonpriority creditor's name and mailing address DMS Machining 1538 Twelve Mile Lake Rd. 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: <u>ADDED CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$825.00
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3.29	Nonpriority creditor's name and mailing address DUNN AND COMPANY 1335 NE 50th Ave Des Moines, IA 50313 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 checked="" type="checkbox"/> Disputed Basis for the claim: <u>Judgment in SCSC012313 paid 1/17/14</u> <u>ADDED CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$421.93
3.30	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: <u>Industrial distribution management services</u> <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,035.61
3.31	Nonpriority creditor's name and mailing address DYNAMIC CASTINGS INC. 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.32	Nonpriority creditor's name and mailing address Fairmount Minerals and Subsidiaries 3450 E. 2056th Rd Wedron, IL 60557 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>Mining services for raw materials</u> <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,918.28
3.33	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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,717.95
3.34	Nonpriority creditor's name and mailing address FEDEX CUSTOM CRITICAL 3610 Hacks Cross Building A Memphis, TN 38132 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,034.47
3.35	Nonpriority creditor's name and mailing address FEDEX FREIGHT 3610 Hacks Cross Building A Memphis, TN 38132 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>CORRECTED CLAIM AMOUNT</u> <u>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,578.49

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3.36	Nonpriority creditor's name and mailing address Ferrell Gas 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.37	Nonpriority creditor's name and mailing address FIRST COMMUNICATIONS LLC 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.38	Nonpriority creditor's name and mailing address FMLASOURCE NBC TOWER 13TH FLOOR 455 N CITYFRONT PLAZA DRIVE CHICAGO, IL 60611-5322 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,484.74
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3.39	Nonpriority creditor's name and mailing address Foundry Products Inc. P.O. Box 85400 Westland, MI 48185 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>supplier of foundry materials</u> <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,826.15
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3.40	Nonpriority creditor's name and mailing address FREIGHTQUOTE.COM 901 WEST CARONDELET DRIVE KANSAS CITY, MO 64114 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,585.49
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3.41	Nonpriority creditor's name and mailing address Fruth, Jamison, & Elsass 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.42	Nonpriority creditor's name and mailing address General Pallet 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.43	Nonpriority creditor's name and mailing address GLOBAL EQUIPMENT 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050 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>CORRECTED CREDITOR ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,946.03
3.44	Nonpriority creditor's name and mailing address GMP & Employers Pension 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>DELETE CREDITOR FROM SCHEDULE F ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.45	Nonpriority creditor's name and mailing address GREATER REGIONAL MEDICAL CENTER 1610 W Townline St. #200 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: <u>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,795.00
3.46	Nonpriority creditor's name and mailing address GXS 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.47	Nonpriority creditor's name and mailing address HARRISON, MORELAND, & WEBBER, PC 129 W 4TH STREET PO BOX 250 OTTUMWA, IA 52501 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,963.48
3.48	Nonpriority creditor's name and mailing address INCEPTRA LLC 2020 NW 150th Ave Suite 300 Pembroke Pines, FL 33028 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,875.13
3.49	Nonpriority creditor's name and mailing address INDUSTRIAL REPAIR SERVICE, INC 2214 LANDMEIR ROAD ELK GROVE VILLAGE, IL 60007 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,824.09

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3.50	Nonpriority creditor's name and mailing address INNOVATIVE INDUSTRIES P.O. BOX 216 215 NORTH WALNUT 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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,806.75
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3.51	Nonpriority creditor's name and mailing address INTERNAL MEDICINE CONSULTANTS PC 1700 TOWNLINE ROAD 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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,583.00
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3.52	Nonpriority creditor's name and mailing address INTERSTATE CHEMICAL CO. 310 S.E. 7TH ST. 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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,744.19
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3.53	Nonpriority creditor's name and mailing address Iowa Department of Public Health Lucas State Office Building 5th Floor 321 East 12th St. Des Moines, IA 50319-0075 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>ADDED CREDITOR</u> <u>Annual Registration - 14 x-ray machines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.54	Nonpriority creditor's name and mailing address IOWA WORKS 215 N ELM STREET 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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265.00
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3.55	Nonpriority creditor's name and mailing address JANE BROWN PT, P.C. 408 E TAYLOR 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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,375.00
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3.56	Nonpriority creditor's name and mailing address Kennedy Vision Center 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.57	Nonpriority creditor's name and mailing address KITTYHAWK PRODUCTS 11651 MONARCH STREET GARDEN GROVE, CA 92841-1816 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,995.00
3.58	Nonpriority creditor's name and mailing address Lotz Trucking Inc. Route 1 Seneca, IL 61360 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>Trucking Services</u> <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,704.87
3.59	Nonpriority creditor's name and mailing address M & M SALES COMPANY 4201 NW URBANDALE DR URBANDALE, IA 50322 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,670.65
3.60	Nonpriority creditor's name and mailing address M Molding 43198 403rd Ave Saint Peter, MN 56082-9734 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>Service</u> <u>ADDED CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,248.93
3.61	Nonpriority creditor's name and mailing address Magnesium Elektron Powders NJ 100 Ridgeway Blvd. Lakehurst, NJ 08733 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>Magnesium chips, granules and powder supplies</u> <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,245,275.26
3.62	Nonpriority creditor's name and mailing address MAGONTECH GMBH INDUSTRIESBE 61 46240 Bottrop 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: <u>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,771.84
3.63	Nonpriority creditor's name and mailing address MIKE McCULLOUGH 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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<small>Name</small>		
3.64	Nonpriority creditor's name and mailing address MCMASTER-CARR SUPPLY CO. P.O. BOX 4355 CHICAGO, IL 60680 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> <u>\$6,488.62</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address MHC Systems LLC 955 SE 28th St. Grimes, IA 50111 Date(s) debt was incurred <u>9/29/15</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$4,274.65</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Mechanics Lien No. MNLR 007909-0 for non payment of account for work done 9/1/14-10/8/14</u> <u>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address MHC SYSTEMS, LLC 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> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DELETE DUPLICATE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address Mid Iowa Environmental 3009 SW 9th Des Moines, IA 50315 Date(s) debt was incurred <u>11/2014</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>ADDED CREDITOR</u> <u>Balance of judgment amount due from 2014 case no. LACV017646</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address Midwest Maintenance & Mechanical 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> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69	Nonpriority creditor's name and mailing address MILWAUKEE CHAPLET INC. 17000 W. ROGERS DRIVE P.O. BOX 510010 NEW BERLIN, WI 53151-3550 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> <u>\$48,727.38</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address MPM PRODUCTS 415 LILLARD ROAD ARLINGTON, TX 76013 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> <u>\$730.87</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.71	Nonpriority creditor's name and mailing address NEW YORK LIFE INSURANCE CO 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.72	Nonpriority creditor's name and mailing address NQA-USA, Inc. PO Box 392489 Pittsburgh, PA 15251-9489 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>ADDED CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00
3.73	Nonpriority creditor's name and mailing address OFFICE DEPOT 6600 N Military Trail - S413G Boca Raton, FL 33496 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>CORRECTED CLAIM AMOUNT AND ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,477.34
3.74	Nonpriority creditor's name and mailing address OMAHA VALVE & FITTING CO. 12251 Cary Cir #500 La Vista, NE 68128 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,672.92
3.75	Nonpriority creditor's name and mailing address RICHARD ORNELIS 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.76	Nonpriority creditor's name and mailing address Overhead Door 45205 Hickman Rd. Clive, IA 50325 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 checked="" type="checkbox"/> Disputed Basis for the claim: <u>judgment in SCSC013363 paid 5/24/16</u> <u>ADDED CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,836.40
3.77	Nonpriority creditor's name and mailing address Oxygen Service Co Inc. 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Wellman Dynamics Corporation 3.78 Nonpriority creditor's name and mailing address PCX Aerostructures, LLC c/o William M. Tong Finn Dixon & Herling LLP 177 Broad St. Stamford, CT 06901-2048 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Judgment entered in New Britain, Connecticut Case No 16-6032064-S Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250,585.95
3.79 Nonpriority creditor's name and mailing address PER MAR SECURITY SERVICES P O BOX 1101 DAVENPORT, IA 52805-1101 Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: CORRECTED CLAIM AMOUNT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,368.26
3.80 Nonpriority creditor's name and mailing address PERFORMANCE REVIEW INSTITUTE Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: DELETE CREDITOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.81 Nonpriority creditor's name and mailing address Phoenix Environmental Enterprises, Inc. 902 E. 2nd St. #250 Winona, MN 55987 Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: Management consulting services for environmental issues CORRECTED CLAIM AMOUNT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162,240.00
3.82 Nonpriority creditor's name and mailing address Pioneer Metal Finishing Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: DELETE CREDITOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.83 Nonpriority creditor's name and mailing address Praxair Distribution, Inc. 1700 2nd Ave Des Moines, IA 50314 Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: Gas distributor CORRECTED CLAIM AMOUNT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237,215.82
3.84 Nonpriority creditor's name and mailing address PRESSTEK INC 55 Executive Dr. Hudson, NH 03051 Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: CORRECTED ADDRESS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$361.13

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3.85	Nonpriority creditor's name and mailing address PRODUCTIVITY INC 15150 25th Ave North 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: <u>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,170.06
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3.86	Nonpriority creditor's name and mailing address Productivity, Inc. 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>DELETE DUPLICATE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,631.62
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3.87	Nonpriority creditor's name and mailing address PYROTEK, INC. 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.88	Nonpriority creditor's name and mailing address R-CON Nondestructive Test Consultants 5605 Freitag Dr. Menomonie, WI 54751 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>consultants in the use of nondestructive equipment, supplies and inspection systems. CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$238,667.26
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3.89	Nonpriority creditor's name and mailing address RK FUELS 100 BROADWAY ST DIAGONAL, IA 50845 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$942.24
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3.90	Nonpriority creditor's name and mailing address Rosenquist Construction 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.91	Nonpriority creditor's name and mailing address MARK RUSSELL 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.92	Nonpriority creditor's name and mailing address SAFETY KLEEN CORP. 2600 N. Central Expressway Suite 400 Richardson, TX 75080 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,046.45
3.93	Nonpriority creditor's name and mailing address SCHMIDT MARKING SYSTEMS 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.94	Nonpriority creditor's name and mailing address SHERRY LABORATORIES 123 E. Adams Muncie, IN 47305 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,545.00
3.95	Nonpriority creditor's name and mailing address SHORR PACKAGING CORP. 2401 S.E. CREEKVIEW DRIVE ANKENY, IA 50021 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,085.94
3.96	Nonpriority creditor's name and mailing address SIMPLEXGRINNELL 20 Constitution Blvd Shelton, CT 06484 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,541.10
3.97	Nonpriority creditor's name and mailing address Simtec 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.98	Nonpriority creditor's name and mailing address RICHARD SNYDER IA 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.99	Nonpriority creditor's name and mailing address SOUTHERN IOWA RURAL WATER 1391 190TH STR CRESTON, IA 50801-8299 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.69
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3.100	Nonpriority creditor's name and mailing address SRC WORLDWIDE 3425 SERVICE ROAD W. 1040th STREET CLEVELAND, OH 44111 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,869.10
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3.101	Nonpriority creditor's name and mailing address Super 8 - Creston IA 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102	Nonpriority creditor's name and mailing address TECHNICAL METHODS, INC. 20777 KENSINGTON BLVD LAKEVILLE, MN 55044 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,530.00
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3.103	Nonpriority creditor's name and mailing address TEST AMERICA LABORATORIES, INC 4101 Shuffel St. NW North Canton, OH 44720 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,360.14
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3.104	Nonpriority creditor's name and mailing address THE THARP COMPANY, INC. c/o Engage2Excel 149 Crawford Rd. Statesville, NC 28625 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,768.82
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3.105	Nonpriority creditor's name and mailing address Toll Gas & Welding 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106	Nonpriority creditor's name and mailing address TOYOTA INDUSTRIES COMMERCIAL COMMERCIAL FINANCE DEPT 2431 CAROL STREAM, IL 60132-2431 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,970.96
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3.107	Nonpriority creditor's name and mailing address TOYOTA LIFT OF MINNESOTA 8601 XYLON COURT NORTH BROOKLYN PARK, MN 55445 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,703.65
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3.108	Nonpriority creditor's name and mailing address TPC WIRE & CABLE 4500 EUCLID AVENUE Cleveland, OH 44103-3736 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,996.69
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3.109	Nonpriority creditor's name and mailing address Trudell Trailers Minnesota 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110	Nonpriority creditor's name and mailing address TYCO INTEGRATED SECURITY 2800 46th Ave Suite 2 Rock Island, IL 61201 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,873.40
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3.111	Nonpriority creditor's name and mailing address ULINE 2105 S. LAKESIDE DR. WAKEGAN, 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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,116.56
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3.112	Nonpriority creditor's name and mailing address USF HOLLAND INC. 750 EAST 40th STREET HOLLAND, MI 49423 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,043.25
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3.113	Nonpriority creditor's name and mailing address W & W Welding c/o Larry Waltersdorf 200 Division St. Arispe, IA 50831 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 checked="" type="checkbox"/> Disputed Basis for the claim: <u>Judgment in SCSC012670 paid 11/1/13</u> <u>ADDED CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,921.87
3.114	Nonpriority creditor's name and mailing address W.P. and R.S. Mars Company 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.115	Nonpriority creditor's name and mailing address WAL-MART(CRESTON) 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.116	Nonpriority creditor's name and mailing address WASTE MANAGEMENT OF CRESTON 710 E. MONROE 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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,834.47
3.117	Nonpriority creditor's name and mailing address Jacque Welchans 905 N. Birch St. Creston, IA 50801-1637 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 checked="" type="checkbox"/> Disputed Basis for the claim: <u>Judgment in SCSC012472 paid 8/30/13</u> <u>ADDED CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00
3.118	Nonpriority creditor's name and mailing address Wells Fargo Financial Leasing PO Box 105743 Atlanta, GA 30348-5743 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>ADDED CREDITOR</u> <u>2013 repossession fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.119	Nonpriority creditor's name and mailing address WHEELABRATOR GROUP 1606 EXECUTIVE DRIVE LAGRANGE, GA 30240 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>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,689.39

Debtor	Wellman Dynamics Corporation <small>Name</small>	Case number (if known)	16-01825
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3.120	Nonpriority creditor's name and mailing address PAULA WHITE 1503 NORTH ELM 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: <u>CORRECTED CLAIM AMOUNT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,650.00
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3.121	Nonpriority creditor's name and mailing address William F. Bieber 10025 Valley View Rd. #190 Eden Prairie, MN 55344 Date(s) debt was incurred <u>2014</u> 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>Royalty Payments ADDED CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,529,918.74
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3.122	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: <u>CORRECTED CLAIM AMOUNT AND ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,103.16
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3.123	Nonpriority creditor's name and mailing address Daniel Winograd Date(s) debt was incurred <u>6/2015</u> 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 checked="" type="checkbox"/> Disputed Basis for the claim: <u>Small Claims Judgment lien Paid 5/22/2015 ADDED CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,281.47
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3.124	Nonpriority creditor's name and mailing address YRC Freight 3500 Booth Ave Kansas City, MO 64129 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>CORRECTED ADDRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,297.75
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3.125	Nonpriority creditor's name and mailing address KANDI YRIGOYEN 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>DELETE CREDITOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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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 Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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Debtor	Name	Case number (if known)	16-01825
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Career Resources 3830 Valley Centre Drive Suite 705-657 San Diego, CA 92130	Line <u>3.43</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Daniel M. Manning, Jr. Esq. Lillis, O'Malley, Olson, Manning 317 Sixth Ave Suite 300 Des Moines, IA 50309-4127	Line <u>3.180</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Kristina Stanger, Esq. Nyemaster Goode Law Firm 700 Walnut, Suite 1600 Des Moines, IA 50309-3899	Line <u>3.235</u> <input type="checkbox"/> Not listed. Explain _____	PCX Aerostructu res, LLC
4.4	MHC Systems, Inc. 8818 Washington Circle Omaha, NE 68127	Line <u>3.197</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	PCX Aerostructures, LLC c/o Timothy J. Fagan 300 Fenn Rd. Newington, CT 06111	Line <u>3.235</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Scott Sander Davies, Esq. Sebaly, Shillito & Dyer 1900 Kettering Tower Dayton, OH 45423	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	TPC Wire & Cable 9600 Valley View Rd. Macedonia, OH 44056	Line <u>3.306</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Tyco Integrated Security Boca Corporate Center 4700 Exchange Ct. Suite 300 Boca Raton, FL 33431	Line <u>3.309</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	Tyco Integrated Security 6200 Thornton Ave Des Moines, IA 50321	Line <u>3.309</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	William F. Bieber c/o Timothy McFadden Barnes & thornburg, LLP One North Wacker Dr. Suite 4400 Chicago, IL 60606-2833	Line <u>3.330</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	Windstream PO Box 9001908 Louisville, KY 40290-1908	Line <u>3.331</u> <input type="checkbox"/> Not listed. Explain _____	—

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

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

		Total of claim amounts
5a. Total claims from Part 1	5a. \$	<u>1,879,257.97</u>
5b. Total claims from Part 2	5b. + \$	<u>11,741,109.82</u>

Debtor Wellman Dynamics Corporation
Name

Case number (if known) 16-01825

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ 13,620,367.79