

Fill in this information to identify the case:

Debtor name Gump's Corp.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 18-14684-leb☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

8/17/18

x

Signature of individual signing on behalf of debtor

Tony Lopez

Printed name

CFO/COO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Gump's Corp.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **18-14684-leb**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 8,541,807.91
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 8,541,807.91

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 16,705,209.28
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 446,600.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 6,561,448.98
4. Total liabilities Lines 2 + 3a + 3b	\$ 23,713,258.26

Fill in this information to identify the case:Debtor name **Gump's Corp.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **18-14684-leb**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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

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

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

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

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

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$11,400.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Union Bank****Collection Account****0602****\$4,541.86**3.2. **Union Bank - Zero Balance Account****Payroll****0636****\$645.00**3.3. **Union Bank****Operating Account****0628****\$86,499.00**3.4. **Union Bank****Refunds - Zero Balance Account****0256****\$0.00**3.5. **Union Bank****A/P - Zero Balance Account****2249****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.****\$103,085.86**

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

Debtor **Gump's Corp.**
NameCase number (If known) **18-14684-leb****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

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

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

7.1. **Security Deposit for 135 Post Street, San Francisco, CA - Seaker & Sons** **\$911,400.00**

7.2. **Security Deposit - Digital 365 Main, LLC Colocation Service** **\$3,160.00**

7.3. **Service Deposit - IP Networks/Level 3 Communications** **\$10,500.00**

7.4. **Security Deposit - E-Commerce Site SYSIQ/Astound Commerce Corp** **\$9,250.00**

7.5. **Reserve - Bank of America/ First Data merchant services** **\$140,000.00**

7.6. **Retainer paid to Garman Turner Gordon, LLP for chapter 11.** **\$204,676.55**

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

8.1. **Prepaid Insurance - Jewelers Block Policy ending 5590** **\$7,624.00**

8.2. **Prepaid Service Contract - Celerant Technology Corp - Software Maintenance** **\$14,575.04**

8.3. **Prepaid Insurance - Cargo Policy ending 1222** **\$2,292.00**

8.4. **Prepaid Insurance - Auto Commercial Policy ending 2-058** **\$6,313.33**

8.5. **Prepaid Insurance - General Liability Policy ending 2-057** **\$18,952.00**

Debtor **Gump's Corp.** Case number (If known) **18-14684-leb**
 Name

8.6.	Prepaid Insurance - Property Commercial Policy ending 2-018	\$23,709.33
8.7.	Prepaid Insurance - D&O, crime, foreign policies	\$16,300.65
8.8.	Prepaid Insurance - Travel Policy ending 6889	\$2,175.00
8.9.	Prepaid Service Contract - Radial Inc. Vendor Support	\$6,845.50
8.10.	Prepaid Service Contract - JDA Software, Inc.	\$39,249.35
8.11.	Prepaid Service Contract - Minisoft annual software maintenance	\$2,499.98
8.12.	Prepaid Service Contract - Multiview Corporation Annual Support	\$1,968.75
8.13.	Prepaid Service Contract - Taurus Software - Hyperion Main.	\$720.00
8.14.	Prepaid Service Contract - Quick Charge SVCS Corp. - Credit Card Services	\$4,433.35
8.15.	Prepaid Service Contract - Taurus Software - Hyperion Reporting	\$1,575.00
8.16.	Prepaid Service Contract - JDA Software, Inc. Support	\$13,408.05
8.17.	Prepaid Service Contract - JDA Software Inc. Offline Shipping	\$687.50
8.18.	Prepaid Service Contract - CDW Direct LLC - Cisco Support	\$3,332.49
8.19.	Prepaid Service Contract - CDW Direct HP Blade Support	\$2,359.08

Debtor	Gump's Corp.	Case number (If known)	18-14684-leb
	Name		
8.20	Prepaid Service Contract - Taurus Software Databridge Maintenance		\$13,534.73
.			
8.21	Prepaid Service Contract - Help Systems LLC - Automate Runtime Support		\$533.68
.			
8.22	Prepaid Service Contract - JDA Software Inc - Seamless Application Support		\$3,803.65
.			
8.23	Prepaid Service Contract - JDA Software Inc. New License - Assembly		\$465.14
.			
8.24	Prepaid Service Contract - Atlassian - Jira SVC Desk		\$1,000.03
.			
8.25	Prepaid Service Contract - CDW Direct Veritas Licenses		\$840.58
.			
8.26	Prepaid Service Contract - Taurus Software Hyperion Interactive Reporting		\$2,391.63
.			
8.27	Prepaid Service Contract - CDW Direct, LLC - Annual Adobe License		\$744.50
.			
8.28	Prepaid Service Contract - CDW Direct LLC - Annual Renewal Creative Cloud		\$3,960.98
.			
8.29	Prepaid Service Contract - CDW Direct LLC Veritas Backup Supoort		\$496.30
.			
8.30	Prepaid Service Contract - Johnson Controls Inc. - Alarm		\$3,918.32
.			
8.31	Prepaid Service Contract - Pitney Bowes (pre-paid postage)		\$1,911.15
.			
8.32	Prepair Service Contract - Zones - laptops		\$1,290.00
.			
8.33	Prepayment - San Francisco Tax Collector		\$35,548.41
.			

Debtor **Gump's Corp.**
NameCase number (If known) **18-14684-leb**9. **Total of Part 2.**

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

\$1,518,446.05**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

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

11. **Accounts receivable**

11a. 90 days old or less:	<u>76,312.00</u>	-	<u>1,676.00</u>	=	<u>\$74,636.00</u>
	face amount		doubtful or uncollectible accounts		

11a. 90 days old or less:	<u>170,435.00</u>	-	<u>1,704.00</u>	=	<u>\$168,731.00</u>
	face amount		doubtful or uncollectible accounts		

11a. 90 days old or less:	<u>11,382.00</u>	-	<u>0.00</u>	=	<u>\$11,382.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

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

\$254,749.00**Part 4: Investments**13. **Does the debtor own any investments?**

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

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

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

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
	<u>Merchandise</u>		<u>Unknown</u>	<u>Recent cost</u>	<u>\$6,345,669.00</u>
22.	Other inventory or supplies				
	<u>Giftwrap and boxes, jewelry boxes, paper, etc.</u>		<u>\$0.00</u>		<u>\$188,925.00</u>

Debtor **Gump's Corp.**
NameCase number (If known) **18-14684-leb**23. **Total of Part 5.**

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

\$6,534,594.0024. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

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

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

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

- ☐ No
☒ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Shelving, lighting, cabinets, jewelry cases, display pedestals, rugs, chandeliers, etc.	\$51,156.00	N/A	\$51,156.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computer equipment/software, phones, tablets, network equipment	\$79,777.00	N/A	\$79,777.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

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

\$130,933.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
☒ Yes

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

- ☒ No
☐ Yes

Debtor **Gump's Corp.**
NameCase number (If known) **18-14684-leb****Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2008 Chevy Van owned)	\$0.00	N/A	Unknown
47.2. Printers (leased)	\$0.00	N/A	Unknown
47.3. Network equipment (leased)	\$0.00	N/A	Unknown
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
51. Total of Part 8.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> \$0.00 </div>		
Add lines 47 through 50. Copy the total to line 87.			
52. Is a depreciation schedule available for any of the property listed in Part 8?			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
53. Has any of the property listed in Part 8 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 9: Real property**54. Does the debtor own or lease any real property?**

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

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

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 135 Post Street, San Francisco, CA 94108	Lease	Unknown		Unknown

Debtor **Gump's Corp.**
NameCase number (If known) **18-14684-leb**56. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.**\$0.00**57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒
- No
-
- ☐
- Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒
- No
-
- ☐
- Yes

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Trademark No. 86/824499 registered on November 18, 2015	\$0.00		Unknown
Trademark No. 86/733396 registered on August 21, 2015	\$0.00		Unknown
Trademark No. 86/708075 registered on July 29, 2015	\$0.00		Unknown
Trademark No. 4742345 registered on May 26, 2015	\$0.00		Unknown
Trademark No. 4168786 registered on July 3, 2011	\$0.00		Unknown
Trademark No. 3808534 registered on June 22, 2010	\$0.00		Unknown
Trademark No. 4070948 registered on December 13, 2011	\$0.00		Unknown
Trademark No. 3315468 registered on October 23, 2007	\$0.00		Unknown
Trademark No. 2540352 registered on February 19, 2002	\$0.00		Unknown
Trademark No. TMA552765 (Canada) registered on October 22, 2001	\$0.00		Unknown

Debtor	Gump's Corp.	Case number (If known)	18-14684-leb
	Name		
Trademark No. 1913986 registered on August 22, 1995	\$0.00		Unknown
Trademark No. 1771023 registered on May 18, 1993	\$0.00		Unknown
Trademark No. 1719091 registered on September 22, 1992	\$0.00		Unknown
Trademark No. 0526051 registered on June 6, 1950	\$0.00		Unknown
Trademark No. 0506994 registered on February 22, 1949	\$0.00		Unknown
Trademark No. 0516417 registered on October 18, 1949	\$0.00		Unknown
Trademark No. 0516418 registered on October 18, 1949	\$0.00		Unknown
Trademark No. 0512182 registered on July 12, 1949	\$0.00		Unknown
Trademark No. 0515064 registered on September 13, 1949	\$0.00		Unknown
Trademark No. 0506525 registered on February 8, 1949	\$0.00		Unknown
Copyright No. V3497D086 filed in 2003	\$0.00		Unknown
Copyright No. V3540D805 filed in 2003	\$0.00		Unknown
Copyright No. V3618D486 filed in 2012	\$0.00		Unknown
Copyright No. Tx0003544126 registered in 1991	\$0.00		Unknown
Copyright No. V3564D117 registered in 2007	\$0.00		Unknown
Copyright No. V3556D001 registered in 2007	\$0.00		Unknown
Copyright No. V3521D882 registered in 2005	\$0.00		Unknown

61. Internet domain names and websites

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 9

Debtor	Gump's Corp.	Case number (If known)	18-14684-leb
	Name		
<u>www.gumps.com</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
<u>BabyGumps.net</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>Gumpsbymail.net</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>Gumpssf.com</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>babygumps.com</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>giftregistration.com</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumps.com</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumps.net</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumpsbridal.com</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumpsbridal.net</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumpsbridalregistry.com</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumpsbridalregistry.net</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumpsbymail.com</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumpsgifts.com</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumpsgifts.net</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>santabythebay.biz</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>santabythebay.com</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>santabythebay.net</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumps.org.en</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumps.cc</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>
<u>gumps.hk</u>	<u>\$0.00</u>	<u>Unknown</u>	<u>Unknown</u>

Debtor Gump's Corp.	Case number (If known) 18-14684-leb
<small>Name</small>	

<u>gumps.tw</u>	<u>\$0.00</u>	<u>Unknown</u>
<hr/>		
<u>gumps.com.tw</u>	<u>\$0.00</u>	<u>Unknown</u>
<hr/>		
<u>mimps.asia</u>	<u>\$0.00</u>	<u>Unknown</u>
<hr/>		
<u>gumps.jp</u>	<u>\$0.00</u>	<u>Unknown</u>
<hr/>		
<u>gumps.fr</u>	<u>\$0.00</u>	<u>Unknown</u>
<hr/>		
<u>gumps.it</u>	<u>\$0.00</u>	<u>Unknown</u>
<hr/>		

62.	Licenses, franchises, and royalties		
<hr/>			
63.	Customer lists, mailing lists, or other compilations Customer list	<u>Unknown</u>	<u>Unknown</u>
<hr/>			
64.	Other intangibles, or intellectual property		
<hr/>			
65.	Goodwill Goodwill	<u>Unknown</u>	<u>Unknown</u>
<hr/>			

66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.	<u>\$0.00</u>
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67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 11: All other assets

70.	Does the debtor own any other assets that have not yet been reported on this form? Include all interests in executory contracts and unexpired leases not previously reported on this form. <input checked="" type="checkbox"/> No. Go to Part 12. <input type="checkbox"/> Yes Fill in the information below.
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Debtor **Gump's Corp.**
NameCase number (If known) **18-14684-leb****Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$103,085.86	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,518,446.05	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$254,749.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$6,534,594.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$130,933.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$8,541,807.91	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$8,541,807.91

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

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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.

List Creditors Who Have Secured Claims		Column A	Column B
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.		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
		Unknown	Unknown
2.1	Corporate Partners II Ltd Creditor's Name 45 Rockefeller Plaza Suite 1919 New York, NY 10111 Creditor's mailing address Creditor's email address, if known Date debt was incurred 5/24/2012 Last 4 digits of account number	Describe debtor's property that is subject to a lien Intellectual property Describe the lien Subordinate lien under Secured Promissory Note Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
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.		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	

2.2	<p>Corporate Partners II, Ltd.</p> <p>Creditor's Name</p> <p>45 Rockefeller Plaza</p> <p>Suite 1919</p> <p>New York, NY 10111</p> <p>Creditor's mailing address</p> <p>david.boemo@corporatpartnersilc.com</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>5/24/2012</p> <p>Last 4 digits of account number</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Lien subordinate to Sterling Business Credit, LLC on substantially all assets, including inventory, equipment, receivables, etc.</p> <p>Describe the lien</p> <p>Subordinate lien under Secured Promissory Note</p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	<p>\$9,631,987.08</p>	<p>\$0.00</p>
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Debtor **Gump's Corp.** Case number (if known) **18-14684-leb**

Name

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**2.3 Methuselah Capital Partners L.P.**

Creditor's Name

**Attn: John Chachas
800 Third Avenue
39th Floor
New York, NY 10022**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$288,658.32**\$0.00****Subordiante lien on substantially all assets**

Describe the lien

Subordinate lien under Secured Promissory Note

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)

Creditor's email address, if known

Date debt was incurred**7/21/2017****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Seaker & Sons**

Creditor's Name

**c/o Bill Leung
Lew & Fong
456 Montgomery Street,
Suite 700
San Francisco, CA 94104**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$336,000.00**Unknown****Trademark and trademark licenses**

Describe the lien

Subordinate lien on trademarks and trademark licenses

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)

Creditor's email address, if known

Date debt was incurred**2/10/1994****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Sterling Business Credit, LLC**

Describe debtor's property that is subject to a lien

\$6,448,563.88**Unknown**

Debtor **Gump's Corp.**
Name

Case number (if known)

18-14684-leb

Creditor's Name

**c/o Laurel Varney
8401 N. Central
Expressway
Suite 600
Dallas, TX 75225**

Creditor's mailing address

**Lien on substantially all assets, including
inventory, equipment, deposit accounts,
receivables, etc.**

Describe the lien

**First priority lien under Loan and Security
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)

Creditor's email address, if known

Date debt was incurred

12/29/2015

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6

**Sterling Business Credit,
LLC**

Creditor's Name

**c/o Laurel Varney
8401 N. Central
Expressway
Suite 600
Dallas, TX 75225**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Intellectual property**Unknown****Unknown**

Creditor's email address, if known

Date debt was incurred

12/29/2015

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

**First priority lien under Loan and Security
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

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

**\$16,705,209.
28****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

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

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name **Gump's Corp.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **18-14684-leb**☐ 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 Albiento, Lauren F 189 Del Prado Drive Daly City, CA 94015 Date or dates debt was incurred Last 4 digits of account number EE73 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,180.00	\$2,180.00
2.2	Priority creditor's name and mailing address Ammerman, Theresa C 207 Belvedere Dr Mill Valley, CA 94941 Date or dates debt was incurred Last 4 digits of account number E111 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$835.00	\$835.00

Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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2.3	Priority creditor's name and mailing address Bailey, Jeffery D 3915 Potrero Ave. Apt. 6 RICHMOND, CA 94804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10.00	\$10.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE16 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Bendy, Vanessa Evje 912 Lea Drive San Rafael, CA 94903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,403.00	\$4,403.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number E101 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Cafiero, Joseph W 2210 Stockton St apt. 3053 San Francisco, CA 94133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$511.00	\$511.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE8 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Camacho, Mary C 31 Corte Ortega Greenbrae, CA 94904	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$49.00	\$49.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE23 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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2.7	Priority creditor's name and mailing address Capalbo, Marc A 1190 Mission St APT1604 SAN FRANCISCO, CA 94103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,295.00	\$8,295.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE1 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Cardenas, Juan F 814 Linden Lane DAVIS, CA 95616	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,196.00	\$3,196.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number E113 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Carrillo, Maria Solita E 701 Taylor St SAN FRANCISCO, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7.00	\$7.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE7 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Carter, Steven Scott 147 Whitehead Rd Paris, TN 38242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,998.00	\$14,998.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE20 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.11	Priority creditor's name and mailing address Castillano, Marilyn 1469 Timothy Drive SAN LEANDRO, CA 94577	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,790.00	\$4,790.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE92 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Castro, Tim J. 1 Federal St San Francisco, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,012.00	\$7,012.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE60 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Chen, Carolyn 630 Mason St Apt.602 SAN FRANCISCO, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,984.00	\$1,984.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE50 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Chiapelli, Toni Marie 520 Geary St Apt #610 SAN FRANCISCO, CA 94102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$259.00	\$259.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE87 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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2.15	Priority creditor's name and mailing address Chin, Douglas K 5541 California St SAN FRANCISCO, CA 94121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$52.00	\$52.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE31	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Chung-Malonzo, Karen 399 Fremont Street Unit 1701 San Francisco, CA 94105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$346.00	\$346.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number E110	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Compton, Stuart E. 2031 Berryman St BERKELEY, CA 94709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,947.00	\$4,947.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE48	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Cooley, Darla 15237 Del Ponientect POWAY, CA 92064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,888.00	\$12,850.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE37	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.19	Priority creditor's name and mailing address Cogle, Natasha N 10677 Oak Leaf Dr. Olive Branch, MS 38654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$244.00	\$244.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE15	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Cummins, Courtney Ann 5670 Telegraph Ave Apt E Oakland, CA 94609	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,337.00	\$3,337.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE27	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Cunha, Douglas 45 Diamond Head Psge Corte Madera, CA 94925	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,410.00	\$7,410.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE67	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Diaz, Cecilia 101 Quincy Court VACAVILLE, CA 95687	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$138.00	\$138.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE82	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.23	Priority creditor's name and mailing address Dunwood, Troy D 2465 Shoreline Dr ALAMEDA, CA 94501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,508.00	\$6,508.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE34 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Duong, Joanne 77 Eureka Street San Francisco, CA 94114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$160.00	\$160.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE91 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Dwyer, Irine 422 Maar Avenue FREMONT, CA 94536	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,104.00	\$3,104.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE38 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Eklund, Lauren Elizabeth 360 Berry St Apt 502 San Francisco, CA 94158	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$794.00	\$794.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE94 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb	
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2.27	Priority creditor's name and mailing address Eppley, Mark Charles 1086 Post St Apt 411 SAN FRANCISCO, CA 94109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$921.00	\$921.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number E105 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.28	Priority creditor's name and mailing address Everett, Jasmine Page 416 Plymouth Ave San Francisco, CA 94112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9.00	\$9.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number E103 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29	Priority creditor's name and mailing address Fejt, Jan 1420 Santa Clara Ave ALAMEDA, CA 94501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,987.00	\$4,987.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE61 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.30	Priority creditor's name and mailing address Futorian, Debra H 625 Powell Street Apt 5 SAN FRANCISCO, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,144.00	\$2,144.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE13 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.31	Priority creditor's name and mailing address Garcia Pacheco, Maria 714 Henry Street Oakland, CA 94607	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,274.00	\$2,274.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number E108 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Garcia, Ena 24 Santa Fe Ave San Francisco, CA 94124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,087.00	\$4,087.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE79 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Garza, Karla 1868 Tant Road Memphis, TN 38128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$233.00	\$233.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE83 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Garza, Marilu 4363 Gailwood Avenue Memphis, TN 38122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$155.00	\$155.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE84 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.35	Priority creditor's name and mailing address Gaston, Elizabeth H 101 Lombard St # 417E SAN FRANCISCO, CA 94111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,532.00	\$1,532.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE88	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.36	Priority creditor's name and mailing address Gibson, Sean 243 Irving Street San Francisco, CA 94122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,618.00	\$5,618.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE9	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address Go, Arlene Marie A 6000 Fulton Street #12 San Francisco, CA 94121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,351.00	\$2,351.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE68	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address Goetz, Renee 2606 Tassajara Avenue EL CERRITO, CA 94530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$637.00	\$637.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE85	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.39	Priority creditor's name and mailing address Granillo-Veske, Ana 2351 Farley Street CASTRO VALLEY, CA 94546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$558.00	\$558.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE56 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address Graves-gilman, Paris S Po Box 641364 SAN FRANCISCO, CA 94164	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$241.00	\$241.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE66 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address Green, Tiffani 3875 Castro Valley B Apt 2 CASTRO VALLEY, CA 94546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,567.00	\$1,567.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address Grim, Christopher Scott 725 Hyde St #12 SAN FRANCISCO, CA 94109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$425.00	\$425.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE17 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.43	Priority creditor's name and mailing address Gunawan, Prisca S 1779 Palou Ave SAN FRANCISCO, CA 94124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,314.00	\$2,314.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE47	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Hadley, Carmen J 7 Pacific Bay Circle Apt 203 San Bruno, CA 94066	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$324.00	\$324.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number E106	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address Herrera, Teresa 26203 Underwood Ave HAYWARD, CA 94544	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,519.00	\$4,519.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE98	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Hidalgo Renderos, Raul A PO Box 410179 SAN FRANCISCO, CA 94141	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,169.00	\$2,169.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE71	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address Holland, Ronald J 831 35th Street Apt #A OAKLAND, CA 94608	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,413.00	\$3,413.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE43	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.48	Priority creditor's name and mailing address Holland-Cramer, Diana 337 Los Pamos Drive SAN FRANCISCO, CA 94127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21,503.00	\$12,850.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE26	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.49	Priority creditor's name and mailing address Hutchinson, Billy O PO BOX 330353 SAN FRANCISCO, CA 94133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$634.00	\$634.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE63	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.50	Priority creditor's name and mailing address Junqueira, Henrique A 1196 Treat Avenue SAN FRANCISCO, CA 94110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,308.00	\$1,308.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number E100	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.51	Priority creditor's name and mailing address Kjorvestad, James Kenny 300 Cabrillo St #5 SAN FRANCISCO, CA 94118	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,637.00	\$5,637.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE64 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.52	Priority creditor's name and mailing address Klar, Marilu 1133 Greenwich San Francisco, CA 94109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$18,503.00	\$12,850.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE32 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.53	Priority creditor's name and mailing address Knight, Nancy 358 Holly Drive San Rafael, CA 94903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,171.00	\$7,171.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE14 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.54	Priority creditor's name and mailing address Kraemer, Richard 1053 Fair Oaks Ave ALAMEDA, CA 94501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,006.00	\$5,006.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE25 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.55	Priority creditor's name and mailing address Layno, Joan D 61 Chester Street DALY CITY, CA 94014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,181.00	\$2,181.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE81 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56	Priority creditor's name and mailing address Lee, Oakjoo 2070 22nd Ave San Francisco, CA 94116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$360.00	\$360.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE12 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.57	Priority creditor's name and mailing address Lee, Susanna 14 1 Flora Ave Apt 15 Walnut Creek, CA 94595	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,113.00	\$2,113.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number E107 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.58	Priority creditor's name and mailing address Lefever, Kleon 83 Iris Avenue SAN FRANCISCO, CA 94118	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,884.00	\$2,884.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE11 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.59	Priority creditor's name and mailing address Lew, Cynthia 5541 California St San Francisco, CA 94121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,615.00	\$10,615.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE45 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.60	Priority creditor's name and mailing address Lopez, Carmen 824 Edinburg St SAN FRANCISCO, CA 94112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,549.00	\$4,549.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE46 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.61	Priority creditor's name and mailing address Lorenzana, Rafael F 478 Somerville Cir VACAVILLE, CA 95687	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,771.00	\$8,771.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE49 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.62	Priority creditor's name and mailing address Louie, Mark D 3691 Sunset Drive San Bruno, CA 94066	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$200.00	\$200.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE65 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.63	Priority creditor's name and mailing address Maldonado, Maria Del Rosario 101 Las Gallinas Ave SAN RAFAEL, CA 94903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$475.00	\$475.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE93 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.64	Priority creditor's name and mailing address Martens, Steven 3500 Nightingale Dr ANTIOCH, CA 94509	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,352.00	\$1,352.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE2 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.65	Priority creditor's name and mailing address Martin, Tony 519 Harris St Collierville, TN 38017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$143.00	\$143.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE18 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.66	Priority creditor's name and mailing address Morales, Arcelya C 1801 Jefferson St #2 Oakland, CA 94612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,349.00	\$8,349.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE89 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.67	Priority creditor's name and mailing address Morales-Miller, Brenda 297 Wheeler Ave San Francisco, CA 94134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,153.00	\$1,153.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE35	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.68	Priority creditor's name and mailing address Mosca, Michael 202 Ripley Street SAN FRANCISCO, CA 94110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$23,862.00	\$12,850.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE97	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.69	Priority creditor's name and mailing address Murphy, Mark 726 Treasure Drive BAY POINT, CA 94565	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,936.00	\$1,936.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE51	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.70	Priority creditor's name and mailing address Nola, Luisa M 130 Barneson Ave San Mateo, CA 94402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$538.00	\$538.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE53	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.71	Priority creditor's name and mailing address Orman, Melonia 5225 Fox Lake Dr Hernando, MS 38632	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,344.00	\$4,344.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE19	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.72	Priority creditor's name and mailing address Ostrowski, Mark james 1135 Ellis Street Apt A109 SAN FRANCISCO, CA 94109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,341.00	\$11,341.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE6	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.73	Priority creditor's name and mailing address Pamidipati, Vijayalakshmi K 398 Stonebridge Dr FREMONT, CA 94536	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,350.00	\$4,350.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE76	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.74	Priority creditor's name and mailing address Parker, Diana L 601 Ofarrell Street Apt 501 SAN FRANCISCO, CA 94109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,280.00	\$2,280.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE58	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.75	Priority creditor's name and mailing address Peterson, Cynthia 108 Stanford Way SAUSALITO, CA 94965	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,521.00	\$1,521.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE55 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.76	Priority creditor's name and mailing address Petsas, Panorea M 16518 Toledo St SAN LEANDRO, CA 94578	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10.00	\$10.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE90 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.77	Priority creditor's name and mailing address Price, Paul 65 Stevenson Ave BERKELEY, CA 94708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,561.00	\$1,561.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE62 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.78	Priority creditor's name and mailing address Qu, Feng Yue 1617 Alemany San Francisco, CA 94112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,418.00	\$3,418.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE74 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.79	Priority creditor's name and mailing address Ramos, Silvia 450 Duboce Ave. Apt 9 SAN FRANCISCO, CA 94117	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,644.00	\$1,644.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE39 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.80	Priority creditor's name and mailing address Rios, Michelle G 4090 Bridgers Drive Memphis, TN 38128	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$71.00	\$71.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE24 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.81	Priority creditor's name and mailing address Roberson, Carmen 3911 Malcolm Ave OAKLAND, CA 94605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,330.00	\$9,330.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE59 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.82	Priority creditor's name and mailing address Robert, Raquel 721 Bush St APT 404 SAN FRANCISCO, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$152.00	\$152.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE4 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.83	Priority creditor's name and mailing address Rouse, Jacqueline 3700 Lyon Rd Apt 52 Fairfield, CA 94534	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$162.00	\$162.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number E104 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.84	Priority creditor's name and mailing address Salvador, Norina A 612 White Fir Dr SAN LEANDRO, CA 94577	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$943.00	\$943.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE3 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.85	Priority creditor's name and mailing address San Roman, Janee 4701 Via Terreno MODESTO, CA 95357	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$247.00	\$247.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE36 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.86	Priority creditor's name and mailing address Sanchez, Bruno Hernandez 127 S. 6th St RICHMOND, CA 94804	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,919.00	\$2,919.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE75 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.87	Priority creditor's name and mailing address Sarthou-Pangilinan, Mary Jo Grey 24 Oceanside Dr DALY CITY, CA 94015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,505.00	\$1,505.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE70	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.88	Priority creditor's name and mailing address Segura, Tami L 722 Santa Clara Ave. Apt. E ALAMEDA, CA 94501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$983.00	\$983.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE28	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.89	Priority creditor's name and mailing address Seipel, Sarah Elizabeth 710 Lincoln Avenue Redwood City, CA 94061	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,819.00	\$5,819.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE44	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.90	Priority creditor's name and mailing address Slominski, Walter 1626 Lancaster Drive PETALUMA, CA 94954	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$651.00	\$651.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE57	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.91	Priority creditor's name and mailing address Smith, Kenneth 2341 Market St #4 San Francisco, CA 94114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,429.00	\$3,429.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE10 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.92	Priority creditor's name and mailing address Spingola, Steven J 560 Lyon Street San Francisco, CA 94117	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,023.00	\$5,023.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE52 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.93	Priority creditor's name and mailing address Stoup, Claire 45 Santa Paula Avenu San Francisco, CA 94127	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,527.00	\$1,527.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE95 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.94	Priority creditor's name and mailing address Strong, Marvin A 5425 ROSS RD Memphis, TN 38141	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$444.00	\$444.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE41 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.95	Priority creditor's name and mailing address Sulak, Sydney L 231 Valley St #1 San Francisco, CA 94131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,401.00	\$1,401.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE54	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.96	Priority creditor's name and mailing address Tan, Tiffany 201 Folsom Street #25H San Francisco, CA 94105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,653.00	\$2,653.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE86	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.97	Priority creditor's name and mailing address Thompson, Matthew Douglas 1410 Cabrillo St San Francisco, CA 94118	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,501.00	\$1,501.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number E112	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.98	Priority creditor's name and mailing address Tovar, Maria 7334 Halliday Ave OAKLAND, CA 94605	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,339.00	\$2,339.00
	Date or dates debt was incurred	Basis for the claim: Employee		
	Last 4 digits of account number EE80	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.99	Priority creditor's name and mailing address Truong, Thao 662 Price Street DALY CITY, CA 94014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,846.00 \$5,846.00
	Date or dates debt was incurred Last 4 digits of account number EE78 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.100	Priority creditor's name and mailing address Tsai, Carrie N 111 East Poplar Ave #215 San Mateo, CA 94401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,951.00 \$4,951.00
	Date or dates debt was incurred Last 4 digits of account number EE33 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.101	Priority creditor's name and mailing address Tsung, Brian 1570 8th Ave San Francisco, CA 94122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,505.00 \$12,850.00
	Date or dates debt was incurred Last 4 digits of account number E109 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.102	Priority creditor's name and mailing address Turchin, Linda I 350 Jean Street Mill Valley, CA 94941	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$17,135.00 \$12,850.00
	Date or dates debt was incurred Last 4 digits of account number EE5 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Employee Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.103	Priority creditor's name and mailing address Valdez, Fidel 101 Quincy Ct VACAVILLE, CA 95687	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$699.00	\$699.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE30 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.104	Priority creditor's name and mailing address Vichitvongsa, Bounmanith 7260 Holly Grove Dr Olive Branch, MS 38654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,937.00	\$3,937.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE22 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.105	Priority creditor's name and mailing address Viray-Mosley, Maria Lourdes 103 Pelican Loop PITTSBURG, CA 94565	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$26,872.00	\$12,850.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE69 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.106	Priority creditor's name and mailing address Wang, Hongmei 5 Jennifer Place SAN FRANCISCO, CA 94107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,110.00	\$1,110.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE96 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.107	Priority creditor's name and mailing address Williams, Domariae M 1030 Taylor Ave ALAMEDA, CA 94501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,036.00	\$4,036.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE29 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.108	Priority creditor's name and mailing address Wong, Vikki Lane 35673 Orleans Drive Newark, CA 94560	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,923.00	\$12,850.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE40 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.109	Priority creditor's name and mailing address Woods, Jimmy D 228 Amber Circle Byhalia, MS 38611	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,648.00	\$1,648.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE21 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.110	Priority creditor's name and mailing address Worm, Dan Ray 1003 Euclid Avenue BERKELEY, CA 94708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,575.00	\$12,850.00
Date or dates debt was incurred		Basis for the claim: Employee		
Last 4 digits of account number EE42 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.111	Priority creditor's name and mailing address Young, Katherine S 1750 Walnut Street Apt. 203 Berkeley, CA 94709	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$1,354.00</div> <div style="border-bottom: 1px solid black;">\$1,354.00</div>
	Date or dates debt was incurred	Basis for the claim: Employee	
	Last 4 digits of account number EE77	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.112	Priority creditor's name and mailing address Zhu, Juanlin 721 Naples Street San Francisco, CA 94112	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$844.00</div> <div style="border-bottom: 1px solid black;">\$844.00</div>
	Date or dates debt was incurred	Basis for the claim: Employee	
	Last 4 digits of account number E102	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.113	Priority creditor's name and mailing address Zimmerman, Nadezda 181 Broadway Millbrae, CA 94030	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$4,419.00</div> <div style="border-bottom: 1px solid black;">\$4,419.00</div>
	Date or dates debt was incurred	Basis for the claim: Employee	
	Last 4 digits of account number EE72	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<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
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3.1	Nonpriority creditor's name and mailing address 209 WEST 38TH Attn: Managing Agent 209 WEST 38TH ST, STE 1207 NEW YORK, NY 10018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$325.00</div>
	Date(s) debt was incurred	Basis for the claim: Vendor	
	Last 4 digits of account number A001	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.2	Nonpriority creditor's name and mailing address A F GREENWOOD Attn: Managing Agent 10 WEST 47TH ST RM 202 NEW YORK, NY 10036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$2,503.00</div>
	Date(s) debt was incurred	Basis for the claim: Vendor	
	Last 4 digits of account number G001	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.3	Nonpriority creditor's name and mailing address A W FABER-CASTELL USA INC Attn: Managing Agent P O BOX 634500 CINCINNATI, OH 45263-4500 Date(s) debt was incurred _____ Last 4 digits of account number <u>F001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,708.00
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3.4	Nonpriority creditor's name and mailing address Aaron Henry Attn: Managing Agent 550 South Hill Street #1620 Los Angeles, CA 90013 Date(s) debt was incurred _____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,271.00
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3.5	Nonpriority creditor's name and mailing address ABAD, VALERIA 970 W BRAODWAY 337 JACKSON, WY 83002 Date(s) debt was incurred _____ Last 4 digits of account number <u>7635</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$912.00
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3.6	Nonpriority creditor's name and mailing address ABELSON, SASHA 705 VERNON AVE VENICE, CA 90291 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
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3.7	Nonpriority creditor's name and mailing address ACCO JEWELRY, INC Attn: Managing Agent 150 MOTOR PKWY STE 401 HAUPPAUGE, NY 11788 Date(s) debt was incurred _____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,534.00
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3.8	Nonpriority creditor's name and mailing address ADAM JAY LEFTIK 260 STONE VALLEY WAY ALAMO, CA 94507 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.9	Nonpriority creditor's name and mailing address ADAMS YOUNG, LAURA 50 ORANGE AVENUE LARKSPUR, CA 94939 Date(s) debt was incurred _____ Last 4 digits of account number <u>5489</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$308.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.10	Nonpriority creditor's name and mailing address ADAMS, CASEY 525 MARKET STREET 32ND FL SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>9989</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891.00
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3.11	Nonpriority creditor's name and mailing address ADAMS, HANNAH 1222 CHESTNUT STREET SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>1068</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$809.00
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3.12	Nonpriority creditor's name and mailing address ADAMS, HARLENE 1120 MARIEMONT AVENUE SACRAMENTO, CA 95864 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
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3.13	Nonpriority creditor's name and mailing address ADDISON ROSS, LTD. Attn: Managing Agent WOOLER INDUSTRIAL ESTATE NORTHUMBERLAND , NE71 6AH GBR Date(s) debt was incurred ____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,249.00
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3.14	Nonpriority creditor's name and mailing address ADEL CHEFRIDI INC Attn: Managing Agent 291 WALL ST SUITE 4 , REAR KINGSTON, NY 12401 Date(s) debt was incurred ____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,496.00
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3.15	Nonpriority creditor's name and mailing address ADELMAN, NEIL 263 MORNING SUN AVE MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
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3.16	Nonpriority creditor's name and mailing address ADHIWIYOGO, TALITHA 2329 NORTHPOINT STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>1668</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.17	Nonpriority creditor's name and mailing address ADITI, GOEL 900 GREEN STREET APT.600 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0203</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address ADLER, VALERIE 1016 CRAGMONT AVE BERKELEY, CA 94708-1412 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$41.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address ADRIENNE, SLETTEN 15752 HIGHLAND DRIVE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number <u>9325</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address AGRARIA SAN FRANCISCO, INC Attn: Managing Agent 4125 W JEFFERSON BLVD LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number <u>R002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,678.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address AKKY, NADINE 150 3RD AVE SAN FRANCISCO, CA 94118-1419 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$53.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address ALAIN BOITE SAS Attn: Managing Agent 2 rue Pierre Semard PARIS 0, 75009 FRA Date(s) debt was incurred ____ Last 4 digits of account number <u>A009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address ALAIN ST. JOANIS Attn: Managing Agent 2 RUE DU 11 NOVEMBRE LA MONNERIE 0, 63650 FRA Date(s) debt was incurred ____ Last 4 digits of account number <u>A002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,819.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.24	Nonpriority creditor's name and mailing address ALAN MATCOVSKY 238 RAVENSWOOD RD ENGLISHTOWN, NJ 07726-4723 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
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3.25	Nonpriority creditor's name and mailing address ALDER & TWEED FURNITURE Attn: Managing Agent 360 WEST LAWNDALE DR SALT LAKE CITY, UT 84115 Date(s) debt was incurred ____ Last 4 digits of account number <u>D002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,608.00
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3.26	Nonpriority creditor's name and mailing address ALESSANDRA ADAMS PO BOX 84 GUINDA, CA 95637-0084 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
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3.27	Nonpriority creditor's name and mailing address ALEX CRAMER COMPANY Attn: Managing Agent 115 M. DIANTHUS STREET MANHATTAN BEACH, CA 90266 Date(s) debt was incurred ____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,607.00
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3.28	Nonpriority creditor's name and mailing address ALEXA PULITZER 1325 NORTH LOPEZ ST NEW ORLEANS, LA 70119 Date(s) debt was incurred ____ Last 4 digits of account number <u>E018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.00
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3.29	Nonpriority creditor's name and mailing address ALEXANDER ANGELL 1407 EUCLID AVENUE BERKELEY, CA 94708 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$290.00
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3.30	Nonpriority creditor's name and mailing address ALEXANDER INTERNATIONAL, LLC Attn: Managing Agent 248 PALISADO AVENUE WINDSOR, CT 06095 Date(s) debt was incurred ____ Last 4 digits of account number <u>E007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$670.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.31	Nonpriority creditor's name and mailing address ALEXANDRA GIFFORD 3180 WOODSIDE ROAD WOODSIDE, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$575.00
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3.32	Nonpriority creditor's name and mailing address ALEXANDRA MORGAN 123 RICARDO ROAD MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.00
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3.33	Nonpriority creditor's name and mailing address ALEXANDRA PACKOUZ 2323 MAGNOLIA STREET - NO 10 OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,547.00
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3.34	Nonpriority creditor's name and mailing address ALIOTO, ERICA 296 FRANCISCO ST. SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246.00
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3.35	Nonpriority creditor's name and mailing address ALLISON VALE 73 BROOKWOOD ROAD APT 36 ORINDA, CA 94563 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,377.00
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3.36	Nonpriority creditor's name and mailing address ALLISON, CUMMINGS 925 CHURCH ST SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>2688</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
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3.37	Nonpriority creditor's name and mailing address ALLISON, PUCCIONI 24 CABRILLO PL OAKLAND, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number <u>1674</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.38	Nonpriority creditor's name and mailing address ALLUDE Attn: Managing Agent PO BOX 643382 CINCINNATI, OH 45264-3382 Date(s) debt was incurred _____ Last 4 digits of account number <u>S002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$238.00
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3.39	Nonpriority creditor's name and mailing address ALTREE, HEIDI 40 SARAH DR MILL VALLEY, CA 94941 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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3.40	Nonpriority creditor's name and mailing address ALYSSA, MYERS 1304 WALDEN ROAD UNIT 242 WALNUT CREEK, CA 94597 Date(s) debt was incurred _____ Last 4 digits of account number <u>4478</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$644.00
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3.41	Nonpriority creditor's name and mailing address AMATURO, LAWRENCE 1225 SAINT HELENA AVE SANTA ROSA, CA 95404-3624 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.00
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3.42	Nonpriority creditor's name and mailing address AMEICO, INC Attn: Managing Agent 29 CHURCH ST NEW MILFORD, CT 06776 Date(s) debt was incurred _____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,606.00
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3.43	Nonpriority creditor's name and mailing address AMERICAN EXPRESS Attn: Managing Agent ATTN: DEPT 36 MAINTENANCE PO BOX 53773 PHOENIX, AZ 85072-3773 Date(s) debt was incurred _____ Last 4 digits of account number <u>X001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$774.00
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3.44	Nonpriority creditor's name and mailing address AMERICAN PACIFIC Attn: Managing Agent P O BOX 1000 DEPT 529 MEMPHIS, TN 38148-0529 Date(s) debt was incurred _____ Last 4 digits of account number <u>E019</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.45	Nonpriority creditor's name and mailing address AMERICAN WEST WORLDWIDE EXPRESS, INC. Attn: Managing Agent P.O. BOX 641001 DALLAS, TX 75264-1001 Date(s) debt was incurred _____ Last 4 digits of account number E012	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.00
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3.46	Nonpriority creditor's name and mailing address AMY, AVENATTI 2850 JOHNSON AVE ALAMEDA, CA 94501 Date(s) debt was incurred _____ Last 4 digits of account number 8873	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.47	Nonpriority creditor's name and mailing address AMY, DAVIRRO 1769 GROVE ST. SAN FRANCISCO, CA 94117 Date(s) debt was incurred _____ Last 4 digits of account number 6373	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.48	Nonpriority creditor's name and mailing address AMY, MATTISON 3552 YOSEMITE STREET SAN DIEGO, CA 92109 Date(s) debt was incurred _____ Last 4 digits of account number 6627	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.49	Nonpriority creditor's name and mailing address ANCIENT OLIVE TREES Attn: Managing Agent 1660 TIBURON BLVD STE C BELVEDERE TIBURON, CA 94920 Date(s) debt was incurred _____ Last 4 digits of account number C002	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,380.00
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3.50	Nonpriority creditor's name and mailing address ANDERECK, KIRSTEN 45 SEAVIEW TERRACE SAN FRANCISCO, CA 94121 Date(s) debt was incurred _____ Last 4 digits of account number 2169	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$519.00
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3.51	Nonpriority creditor's name and mailing address ANDERSEN AMERICA, INC Attn: Managing Agent 30703 SAN CLEMENTE ST HAYWARD, CA 94544 Date(s) debt was incurred _____ Last 4 digits of account number D010	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,528.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.52	Nonpriority creditor's name and mailing address ANDERSON, HELEN 400 NEVEDA AVE SAN MATEO, CA 94402 Date(s) debt was incurred ____ Last 4 digits of account number <u>8350</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.00
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3.53	Nonpriority creditor's name and mailing address ANDREW PEARCE Attn: Managing Agent 59 US ROUTE 4 EAST WOODSTOCK, VT 05091 Date(s) debt was incurred ____ Last 4 digits of account number <u>D011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,907.00
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3.54	Nonpriority creditor's name and mailing address ANDREWS, ELIZABETH 310 SAN MATEO ROAD HALF MOON BAY, CA 94019 Date(s) debt was incurred ____ Last 4 digits of account number <u>6610</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348.00
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3.55	Nonpriority creditor's name and mailing address ANDY SKAFF Attn: Managing Agent 1000 GREEN ST #702 SAN FRANCISCO, CA 94113 Date(s) debt was incurred ____ Last 4 digits of account number <u>D004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,303.00
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3.56	Nonpriority creditor's name and mailing address ANGELINA COHAN 2443 FILLMORE STREET - APT 353 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$898.00
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3.57	Nonpriority creditor's name and mailing address ANGELINA COHAN 222 MAPLE STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$403.00
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3.58	Nonpriority creditor's name and mailing address ANN MACDONALD 1620 MOUNT CURVE AVENUE MINNEAPOLIS, MN 55403 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.59	Nonpriority creditor's name and mailing address ANN NITZE 1537 28TH ST. WASHINGTON, DC 20007 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$402.00
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3.60	Nonpriority creditor's name and mailing address ANN, RAMSEYER 29 HANSON CT MORAGA, CA 94556-1580 Date(s) debt was incurred ____ Last 4 digits of account number <u>7270</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.00
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3.61	Nonpriority creditor's name and mailing address ANNA GOTTLIEB 3119 37TH AVENUE SOUTH SEATTLE, WA 98144 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.00
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3.62	Nonpriority creditor's name and mailing address ANNA, ANGELINI 1164 N. COUNTRY CLUB BLVD. STOCKTON, CA 95204 Date(s) debt was incurred ____ Last 4 digits of account number <u>1272</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.63	Nonpriority creditor's name and mailing address ANNA, BUCK 1057 42ND STREET SACRAMENTO, CA 95819 Date(s) debt was incurred ____ Last 4 digits of account number <u>7539</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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3.64	Nonpriority creditor's name and mailing address ANNE SPORTUN-EXPERIMENTAL JEWELRY INC Attn: Managing Agent 38 CAMDEN ST STE 200 TORONTO ON, M5V1V1 CAN Date(s) debt was incurred ____ Last 4 digits of account number <u>N029</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,570.00
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3.65	Nonpriority creditor's name and mailing address ANNE, IRWIN 78 FORTUNA STREET SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>2122</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.66	Nonpriority creditor's name and mailing address ANNE, KAUFMAN 153 EAST 57 STREET #7CD NEW YORK, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number <u>8351</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
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3.67	Nonpriority creditor's name and mailing address ANNIEGLASS INC Attn: Managing Agent 310 HARVEST DRIVE WATSONVILLE, CA 95076 Date(s) debt was incurred ____ Last 4 digits of account number <u>N008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,657.00
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3.68	Nonpriority creditor's name and mailing address ANNIQUE DEWITT 222 14TH STREET NE 431 ATLANTA, GA 30309 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$903.00
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3.69	Nonpriority creditor's name and mailing address ANTHONY AND ROBYN, COLES 765 MARKET, 36F SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>5810</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.70	Nonpriority creditor's name and mailing address ANTICA FARMACISTA Attn: Managing Agent 119 PINE ST SUITE 301 SEATTLE, WA 98101 Date(s) debt was incurred ____ Last 4 digits of account number <u>T002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,704.00
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3.71	Nonpriority creditor's name and mailing address ANTOINETTE, DAL POZZO 2721 LOTUS HILL DRIVE LAS VEGAS, NV 89134 Date(s) debt was incurred ____ Last 4 digits of account number <u>0121</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.72	Nonpriority creditor's name and mailing address ANTON, JOHN 11826 DOROTHY ST # PH1 LOS ANGELES, CA 90049-5599 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.73	Nonpriority creditor's name and mailing address ANU ARORA 6140 ROCKRIDGE BLVD SOUTH OAKLAND, CA 94618 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.00
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3.74	Nonpriority creditor's name and mailing address ARBASETTI, DEBORAH BOX 77045 SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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3.75	Nonpriority creditor's name and mailing address ARDMORE CERAMICS Attn: Managing Agent 891 NE 125TH ST NORTH MIAMI, FL 33161 Date(s) debt was incurred ____ Last 4 digits of account number <u>S005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
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3.76	Nonpriority creditor's name and mailing address ARIYOSHI, JANE 240 WILSON WAY LARKSPUR, CA 94939 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.77	Nonpriority creditor's name and mailing address ARMAS, WYNANDA 3750 SCOTT STREET APT 204 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>1782</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$384.00
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3.78	Nonpriority creditor's name and mailing address ARME, JENNA 5400 HILLSBORO PIKE NASHVILLE, TN 37215 Date(s) debt was incurred ____ Last 4 digits of account number <u>4179</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
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3.79	Nonpriority creditor's name and mailing address ARNOLD, TARA WALSH 1360 MONTCLAIRE WAY LOS ALTOS, CA 94024-6730 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.80	Nonpriority creditor's name and mailing address AROMA SOURCE INTERNATIONAL DBA LUCIA Attn: Managing Agent 545 LEGENDRE WEST STE 300 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.81	Nonpriority creditor's name and mailing address ARTHUR COURT DESIGNS INC. Attn: Managing Agent 13328 HADLEY ST WHITTEIR, CA 90601 Date(s) debt was incurred ____ Last 4 digits of account number T023	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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3.82	Nonpriority creditor's name and mailing address ASCHER, BECKY 300 IVY STREET #512 SAN FRANCISCO, CA 94102 Date(s) debt was incurred ____ Last 4 digits of account number 7361	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.00
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3.83	Nonpriority creditor's name and mailing address ASHLEY PORTER 2653 LEPAGE STREET NEW ORLEANS, LA 70119 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,578.00
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3.84	Nonpriority creditor's name and mailing address ASKEW, LILLIAN 837 22ND ST SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.00
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3.85	Nonpriority creditor's name and mailing address ASSADABADI, MOSHI 3100 W. 36TH STREET CHICAGO, IL 60632 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.00
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3.86	Nonpriority creditor's name and mailing address Astound Commerce Corporation Attn: Managing Agent 1111 Bayhill Dr, Ste 425 San Bruno, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number T001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98,803.00
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3.87	Nonpriority creditor's name and mailing address AT&T Attn: Managing Agent P.O. BOX 5019 CAROL STREAM, IL 60197-5019 Date(s) debt was incurred _____ Last 4 digits of account number T003	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,082.00
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3.88	Nonpriority creditor's name and mailing address AT&T Attn: Managing Agent PO BOX 5025 CAROL STREAM, IL 60197-5025 Date(s) debt was incurred _____ Last 4 digits of account number T001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,763.00
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3.89	Nonpriority creditor's name and mailing address ATLAS, SHANNON PO BOX 7235 SIOUX FALLS, SD 57117-7235 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
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3.90	Nonpriority creditor's name and mailing address AUGUSTA NADLER 27 KINGS HIGHWAY NORTH WESTPORT, CT 06880 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,475.00
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3.91	Nonpriority creditor's name and mailing address AVERY, ALIDA 25508 ADOBE LANE LOS ALTOS, CA 94022 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
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3.92	Nonpriority creditor's name and mailing address AVIVA STANOFF DESIGN Attn: Managing Agent 2387 LA MIRADA DR VISTA, CA 92081 Date(s) debt was incurred _____ Last 4 digits of account number I002	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.00
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3.93	Nonpriority creditor's name and mailing address BACCARAT, INC. Attn: Managing Agent 36 MAYFIELD AVE EDISON, NJ 08837 Date(s) debt was incurred _____ Last 4 digits of account number C001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,300.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.94	Nonpriority creditor's name and mailing address BACON, ADELAIDE 790 HERMOSA WAY MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number <u>9807</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.95	Nonpriority creditor's name and mailing address BAGGINS, INC Attn: Managing Agent 510 W SIXTH ST STE 416 LOS ANGELES, CA 90014 Date(s) debt was incurred ____ Last 4 digits of account number <u>G001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,120.00
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3.96	Nonpriority creditor's name and mailing address BAHARI Attn: Managing Agent 1004 REVERE AVENUE #B17 SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number <u>H001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$913.00
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3.97	Nonpriority creditor's name and mailing address BAHL, AMY 245 RIDGEVIEW DR PALM BEACH, FL 33480-3305 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.00
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3.98	Nonpriority creditor's name and mailing address BAHRAMIPOUR, LILLY 720 GREENWICH ST APT 3V NEW YORK, NY 10014-2574 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.99	Nonpriority creditor's name and mailing address BAINER, SASHA 2165 BEACH STREET # 6 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.00
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3.100	Nonpriority creditor's name and mailing address BAKER, ALEXANDRA ONE PRESIDIO TERRACE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.101	Nonpriority creditor's name and mailing address BAKER, JENNIFER 868A 41ST AVE SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.00
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3.102	Nonpriority creditor's name and mailing address BAKER, JOHN 506 HASTINGS DR. PEACHTREE CITY, GA 30269 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.00
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3.103	Nonpriority creditor's name and mailing address BAKER, JOHN & DODIE 69 HENRY ST APT 1 SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.00
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3.104	Nonpriority creditor's name and mailing address BALANCE ADVISORS, LLC Attn: Managing Agent ANTHONY MIRONOV - 110 HORATIO ST #712 NEW YORK, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number <u>L003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,851.00
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3.105	Nonpriority creditor's name and mailing address BANGART, ASHLEY 240 LOMBARD ST. #539 SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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3.106	Nonpriority creditor's name and mailing address BAOBAB Attn: Managing Agent 1177 AVE OF THE AMERICAS 7TH FLOOR NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>O001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,715.00
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3.107	Nonpriority creditor's name and mailing address Barbara Heinrich Studio Attn: Managing Agent P O Box 503 Pittsford, NY 14534 Date(s) debt was incurred ____ Last 4 digits of account number <u>R004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,820.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.108	Nonpriority creditor's name and mailing address BARBIERI, DANA 1000 MASON STREET SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>4003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191.00
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3.109	Nonpriority creditor's name and mailing address BARCHAS, JENNY 344 WOODPECKER RIDGE SANTA CRUZ, CA 95060 Date(s) debt was incurred ____ Last 4 digits of account number <u>3708</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,628.00
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3.110	Nonpriority creditor's name and mailing address BARCLAYS BANK Attn: Managing Agent GLOBAL PAYMENTS / ENZO LUPO 1301 6 AVE NEW YORK, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number <u>R017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.00
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3.111	Nonpriority creditor's name and mailing address BARDIS, KATHERINE 10630 MATHER BLVD MATHER, CA 95655 Date(s) debt was incurred ____ Last 4 digits of account number <u>5216</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,566.00
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3.112	Nonpriority creditor's name and mailing address BARKETT, JACQUELINE 875 10TH STREET NW APT 1004 WASHINGTON, DC 20001 Date(s) debt was incurred ____ Last 4 digits of account number <u>9261</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,749.00
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3.113	Nonpriority creditor's name and mailing address BARNARD, ELIZABETH 16376 CAMELIA TERRACE LOS GATOS, CA 95032 Date(s) debt was incurred ____ Last 4 digits of account number <u>5103</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,355.00
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3.114	Nonpriority creditor's name and mailing address BARNES, CELESTE 1831 LINCOLN WAY SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.115	Nonpriority creditor's name and mailing address BARNES, SARA 376 MAGEE AVE MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
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3.116	Nonpriority creditor's name and mailing address BARTKY MINERALOGICAL, INC. Attn: Managing Agent 26 P COMMERCE RD FAIRFIELD, NJ 07004 Date(s) debt was incurred ____ Last 4 digits of account number <u>R013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,851.00
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3.117	Nonpriority creditor's name and mailing address BARTLE, JENNIFER 2431 MAR EAST ST TIBURON, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
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3.118	Nonpriority creditor's name and mailing address BASTELIER, CHRISTINE 180 SHELFORD AVENUE SAN CARLOS, CA 94070 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.119	Nonpriority creditor's name and mailing address BATES, CECILY 149 CAPERTON AVE PIEDMONT, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number <u>8075</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,798.00
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3.120	Nonpriority creditor's name and mailing address BATT, MELODIE 140 STONEHEDGE RD HILLSBOROUGH, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.00
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3.121	Nonpriority creditor's name and mailing address BAUDELAIRE Attn: Managing Agent 12 BUSINESS CENTER DR SWANZEY, NH 03446 Date(s) debt was incurred ____ Last 4 digits of account number <u>U002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,378.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.122	Nonpriority creditor's name and mailing address BAUMANN, SEBASTIEN 210 POST STREET SUITE 510 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.123	Nonpriority creditor's name and mailing address BAY CITY EX, INC Attn: Managing Agent P O BOX 77875 SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>M001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,745.00
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3.124	Nonpriority creditor's name and mailing address BAYER, HILARY PO BOX 7235 SIOUX FALLS, SD 57117-7235 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.125	Nonpriority creditor's name and mailing address BE HOME INC Attn: Managing Agent 1065 BROADWAY AVE SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number <u>H001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.00
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3.126	Nonpriority creditor's name and mailing address BEAM, FARELL 2216 CLAY ST. APT.1 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>7109</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447.00
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3.127	Nonpriority creditor's name and mailing address BEATTIE, ERIN 63 ALMENDRAL AVE ATHERTON, CA 94037 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.128	Nonpriority creditor's name and mailing address BEATTY, MERIWETHER 2330 KING PL NW WASHINGTON, DC 20007-1029 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.129	Nonpriority creditor's name and mailing address BEAUTY ENTERPRISE INC Attn: Managing Agent 6330 OAKRIDGE RD SAN DIEGO, CA 92120 Date(s) debt was incurred _____ Last 4 digits of account number <u>A011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,980.00
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3.130	Nonpriority creditor's name and mailing address BEAVERS, ROBYN 220 SACRAMENTO ST APT 806 SAN FRANCISCO, CA 94115 Date(s) debt was incurred _____ Last 4 digits of account number <u>1663</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348.00
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3.131	Nonpriority creditor's name and mailing address BEGIN AGAIN Attn: Managing Agent 201 LINDEN ST STE 204 FORT COLLINS, CO 80524 Date(s) debt was incurred _____ Last 4 digits of account number <u>G001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,848.00
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3.132	Nonpriority creditor's name and mailing address BEN-AMUN Attn: Managing Agent 246 WEST 38TH ST STE 12A NEW YORK, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number <u>N005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246.00
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3.133	Nonpriority creditor's name and mailing address BENHALIM, HAYA SHAWA 1275 GREENWICH ST APT 104 SAN FRANCISCO, CA 94109-1503 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
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3.134	Nonpriority creditor's name and mailing address BENIOFF, JOELLE 188 MINNA STREET APT. 31E SAN FRANCISCO, CA 94105 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.135	Nonpriority creditor's name and mailing address BENJAMIN, BRESLAUER 11530 DONA DOROTHEA DRIVE STUDIO CITY, CA 94604 Date(s) debt was incurred _____ Last 4 digits of account number <u>7296</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.136	Nonpriority creditor's name and mailing address BENNETT, ELIZABETH 1895 PACIFIC AVENUE APT 503 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>2593</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$553.00
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3.137	Nonpriority creditor's name and mailing address BENTLEY, BRANDI 969 HAMPSHIRE STREET SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>4927</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,178.00
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3.138	Nonpriority creditor's name and mailing address BENZ, LAUREN AND BRAD 2357 CHESTNUT STREET #201 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.00
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3.139	Nonpriority creditor's name and mailing address BERDELL, LAUREN 2785 GREEN ST APT 5 SAN FRANCISCO, CA 94123-4648 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.140	Nonpriority creditor's name and mailing address BERGGRUEN, JOHN GRETCHEN 10 HAWTHORNE STREET SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.141	Nonpriority creditor's name and mailing address BERGIN, ALICIA 660 3RD ST. SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>6782</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00
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3.142	Nonpriority creditor's name and mailing address BERGSTEIN, PETRA 1258 A ARMISTEAD ROAD SAN FRANCISCO, CA 94129 Date(s) debt was incurred ____ Last 4 digits of account number <u>0668</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$567.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.143	Nonpriority creditor's name and mailing address BERMAN, CHLOE 2448 LARKIN ST. SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.144	Nonpriority creditor's name and mailing address BERNARD BRASSEUR 700 DARIEN WAY SAN FRANCISCO, CA 94127 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$714.00
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3.145	Nonpriority creditor's name and mailing address BERNARDAUD NA. INC. Attn: Managing Agent 499 PARK AVENUE AT 59TH STREET NEW YORK, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number <u>R005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,543.00
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3.146	Nonpriority creditor's name and mailing address BERNSTEIN, RACHEL 198 GOLDMINE DRIVE SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
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3.147	Nonpriority creditor's name and mailing address BERRY, MICHELLE 694 B. DEHARO ST. SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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3.148	Nonpriority creditor's name and mailing address BERTLESMAN, TRACY 2024 E CINDY ST CHANDLER, AZ 85225-5805 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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3.149	Nonpriority creditor's name and mailing address BETH, DUNGAN 437WHISMAN PARK DR MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number <u>9437</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.150	Nonpriority creditor's name and mailing address BETHY, HARDEMAN 895 SUTTER ST #10 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>6932</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.151	Nonpriority creditor's name and mailing address BETTS, CARLA 175 INDIAN RD. PIEDMONT, CA 94610 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.152	Nonpriority creditor's name and mailing address BEVERLY, PASLEY 2870 MONTAIR WAY UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number <u>1335</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.153	Nonpriority creditor's name and mailing address BEVERLY, SUTHERLAND 501 WEST 110 ST. #2D NEW YORK, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number <u>2123</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$322.00
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3.154	Nonpriority creditor's name and mailing address BEYOND CUSHIONS CORP Attn: Managing Agent 64 NICHOLAS AVE WEST ORANGE, NJ 07052 Date(s) debt was incurred ____ Last 4 digits of account number <u>Y003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,169.00
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3.155	Nonpriority creditor's name and mailing address BEYOND THREADS Attn: Managing Agent P O BOX 4417 SEATTLE, WA 98194 Date(s) debt was incurred ____ Last 4 digits of account number <u>Y002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,938.00
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3.156	Nonpriority creditor's name and mailing address BEYOND123 LLC Attn: Managing Agent 2188 NESCONSET HWY. STE 168 STONY BROOK, NY 11790 Date(s) debt was incurred ____ Last 4 digits of account number <u>Y004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,108.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.157	Nonpriority creditor's name and mailing address BIGELOW TRADING, LTD Attn: Managing Agent 414 SIXTH AVE NEW YORK, NY 10011 Date(s) debt was incurred _____ Last 4 digits of account number <u>G005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,370.00
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3.158	Nonpriority creditor's name and mailing address BILLY OLA HUTCHINSON PO BOX 330353 SAN FRANCISCO, CA 94133 Date(s) debt was incurred _____ Last 4 digits of account number <u>L004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.00
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3.159	Nonpriority creditor's name and mailing address BIRO & SONS, INC Attn: Managing Agent 1160 FOLSOM STREET SAN FRANCISCO, CA 94103 Date(s) debt was incurred _____ Last 4 digits of account number <u>R003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,700.00
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3.160	Nonpriority creditor's name and mailing address BIZEL-BIZELLOT, INGRID 1610 HARRISON ST. SAN FRANCISCO, CA 94103 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.161	Nonpriority creditor's name and mailing address BLACHERE GROUP Attn: Managing Agent 210 HOLABIRD AVE WINSTED, CT 06098 Date(s) debt was incurred _____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,139.00
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3.162	Nonpriority creditor's name and mailing address BLACK, JULI 401 BEVERLY RD NE ATLANTA, GA 30309-2730 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.163	Nonpriority creditor's name and mailing address BLAKE, CLAIRE 264 MALLORCA WAY SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.164	Nonpriority creditor's name and mailing address BLOCK, KAREN PO BOX 7235 SIOUX FALLS, SD 57117-7235 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.00
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3.165	Nonpriority creditor's name and mailing address BLOOMINGVILLE Attn: Managing Agent DEPT CH 19841 PALATINE, IL 60055-9841 Date(s) debt was incurred ____ Last 4 digits of account number <u>O003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.00
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3.166	Nonpriority creditor's name and mailing address BMS DIRECT Attn: Managing Agent ATTN: LEIF AAGAARD 37 MILLRACE DR. LYNCHBURG, VA 24502 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$327.00
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3.167	Nonpriority creditor's name and mailing address BODRUM Attn: Managing Agent 119 W 23RD ST 703 NEW YORK, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,463.00
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3.168	Nonpriority creditor's name and mailing address BOLTON, LINDSAY CORRIGAN 2440 PACIFIC AVE SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$353.00
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3.169	Nonpriority creditor's name and mailing address BONNAR, DOLORES 49 EVERGREEN DR ORINDA, CA 94563-3114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.170	Nonpriority creditor's name and mailing address BONNIE, CAROL 632 EL CAMINO DEL MAR SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.171	Nonpriority creditor's name and mailing address BORO, ANYA 151 E 85TH STREET UNIT 7K NEW YORK, NY 10028 Date(s) debt was incurred ____ Last 4 digits of account number <u>4010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,375.00
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3.172	Nonpriority creditor's name and mailing address BOSWELL, SUSAN 3468 SILVERADO TRAIL ST. HELENA, CA 94574 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.173	Nonpriority creditor's name and mailing address BOWIE, JANET 219 BRANNAN ST UNIT 6G SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.174	Nonpriority creditor's name and mailing address BOYAJIAN, SUMMER 2235 11TH AVE SACRAMENTO, CA 95818 Date(s) debt was incurred ____ Last 4 digits of account number <u>8677</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,105.00
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3.175	Nonpriority creditor's name and mailing address BOYLE HOLT, ASHLEY 500 KNIGHTS RUN AVENUE UNIT 1717 TAMPA, FL 33602 Date(s) debt was incurred ____ Last 4 digits of account number <u>2940</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.176	Nonpriority creditor's name and mailing address BRACKISH Attn: Managing Agent 1852 WALLACE SCHOOL RD UNIT E CHARLESTON, SC 29407 Date(s) debt was incurred ____ Last 4 digits of account number <u>A006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$920.00
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3.177	Nonpriority creditor's name and mailing address BRADFORD, CATHERINE & BILL PO BOX 566 ROSS, CA 94957-0566 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.178	Nonpriority creditor's name and mailing address BRADLEY, REBECCA 2636 FILBERT STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.179	Nonpriority creditor's name and mailing address BRANDIN, JACKIE GLYNN 1855 DORIS DR MENLO PARK, CA 94025-6101 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.180	Nonpriority creditor's name and mailing address BRANDON, MICHAEL / MARISSA 3232 PACIFIC AVENUE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.181	Nonpriority creditor's name and mailing address BRANSTEN, LISA 16 5TH AVE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.00
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3.182	Nonpriority creditor's name and mailing address BRAWNER, BARB 23 BEL AIR DRIVE ORINDA, CA 94563 Date(s) debt was incurred ____ Last 4 digits of account number <u>1705</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.00
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3.183	Nonpriority creditor's name and mailing address BREANNA GORDON 178 GREENWOOD CIRCLE WALNUT CREEK, CA 94597 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,494.00
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3.184	Nonpriority creditor's name and mailing address BRENDA LOWE WONG 2000 DAVIS DRIVE BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$679.00
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Debtor	Name	Case number (if known)	
	Gump's Corp.	18-14684-leb	
3.185	Nonpriority creditor's name and mailing address BRENDA, HERBERT 8707 SW 83 RD CIRCLE OCALA, FL 34481 Date(s) debt was incurred ____ Last 4 digits of account number <u>9480</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.186	Nonpriority creditor's name and mailing address BRENDA, MCLAUGHLIN 2370 FILBERT ST APT 311 SAN FRANCISCO, CA 94123-3358 Date(s) debt was incurred ____ Last 4 digits of account number <u>5234</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.187	Nonpriority creditor's name and mailing address BRENNER, MARGARET 65 CIVIC CENTER DRIVE CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.00
3.188	Nonpriority creditor's name and mailing address BRIANNE LIMBER 1150 UNION STREET APT 602 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,200.00
3.189	Nonpriority creditor's name and mailing address BRITECH FABRICS Attn: Managing Agent 117 POST ST. SAN FRANCISCO, CA 94108-4701 Date(s) debt was incurred ____ Last 4 digits of account number <u>I009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,176.00
3.190	Nonpriority creditor's name and mailing address BRITT GERHARD Attn: Managing Agent 330 18TH AVE SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>I018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,125.00
3.191	Nonpriority creditor's name and mailing address BROOKPACE LASCELLES Attn: Managing Agent UNIT 10 1000 NORTH CIRCULAR ROAD LONDON , NW2 7JP GBR Date(s) debt was incurred ____ Last 4 digits of account number <u>O008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,629.00

Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.192	Nonpriority creditor's name and mailing address BROUDE, DANIELLE 1751 VALLEJO STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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3.193	Nonpriority creditor's name and mailing address BROUK AND CO Attn: Managing Agent 1933 S BROADWAY ST STE 853 LOS ANGELES, CA 90007 Date(s) debt was incurred ____ Last 4 digits of account number <u>0014</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,809.00
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3.194	Nonpriority creditor's name and mailing address BROWN, ELIZABETH 2144 GREEN STREET APT A SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>5403</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,145.00
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3.195	Nonpriority creditor's name and mailing address BRYAN, BEAR 10072 STONYBROOK DRIVE HUNTINGTON BEACH, CA 92646 Date(s) debt was incurred ____ Last 4 digits of account number <u>5030</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.196	Nonpriority creditor's name and mailing address Buccellati Inc Attn: Managing Agent 714 Madison Ave 4th Floor New York, NY 10065 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217,204.00
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3.197	Nonpriority creditor's name and mailing address BUNN, TEEBIE 50 BONITA AVE PIEDMONT, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.00
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3.198	Nonpriority creditor's name and mailing address BUNTING, ELIZABETH 4817 MALAQUITA BRANCH AUSTIN, TX 78738 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.199	Nonpriority creditor's name and mailing address BURKE, PAMELA 611 9TH AVE APT 2 NEW YORK, NY 10036-3732 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.200	Nonpriority creditor's name and mailing address BURNS, BRIAN & EILEEN 100 BUSH STREET #1250 SAN FRANCISCO, CA 94104 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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3.201	Nonpriority creditor's name and mailing address BURTON, JENNIFER 1479 SUNNYBROOK RD ALAMO, CA 94507 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.202	Nonpriority creditor's name and mailing address BURTON, PAIGE 18229 N. MISSION HILLS AVE BATON ROUGE, LA 70810 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.00
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3.203	Nonpriority creditor's name and mailing address BUTLER, FAY PO BOX 473 WEAVERVILLE, CA 96093 Date(s) debt was incurred ____ Last 4 digits of account number <u>9882</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$346.00
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3.204	Nonpriority creditor's name and mailing address BUTLER, SHANNON 3321 BRODERICK ST SAN FRANCISCO, CA 94123-1812 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.205	Nonpriority creditor's name and mailing address BUTORI, STEPHANIE 1850 FILBERT STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>2341</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.206	Nonpriority creditor's name and mailing address BUTY, MADELINE 144 WILDWOOD GDNS PIEDMONT, CA 94611-3834 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.00
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3.207	Nonpriority creditor's name and mailing address BYRNE, WARREN 692 HAIGHT ST. #B SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.208	Nonpriority creditor's name and mailing address BYRNES, KC 1111 VALLEJO STREET SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>1269</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,862.00
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3.209	Nonpriority creditor's name and mailing address BYSTROM, LOTTA PO BOX 7235 SIOUX FALLS, SD 57117-7235 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.210	Nonpriority creditor's name and mailing address BYUN, THOMAS 300 BERRY ST. #1208 SAN FRANCISCO, CA 94158 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.211	Nonpriority creditor's name and mailing address C. THOMAS HUNT Attn: Managing Agent 210 POST ST STE 1107 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>H001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.212	Nonpriority creditor's name and mailing address C.H. ROBINSON COMPANY, INC Attn: Managing Agent P O BOX 9121 MINNEAPOLIS, MN 55480-9121 Date(s) debt was incurred ____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,974.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.213	Nonpriority creditor's name and mailing address CAHILL, KATHRYN 245 LAUREL GROVE AVE KENTFIELD, CA 94904 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.214	Nonpriority creditor's name and mailing address CAINE, LINDSEY 8 ROCK CREEK COURT EMERALD HILLS, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number <u>0091</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$229.00
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3.215	Nonpriority creditor's name and mailing address CALDWELL, JENNIFER 3620 CLAY ST. SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.00
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3.216	Nonpriority creditor's name and mailing address CALE, BETSY 2090 BROADWAY APT 503 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>7130</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,396.00
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3.217	Nonpriority creditor's name and mailing address CALIFORNIA FLEURISH INC Attn: Managing Agent 10235 VIVERA DR LA MESA, CA 91941 Date(s) debt was incurred ____ Last 4 digits of account number <u>L013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,160.00
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3.218	Nonpriority creditor's name and mailing address CALLIOPE DESIGNS Attn: Managing Agent 3710 WALLACE SANTA ROSA, CA 95404 Date(s) debt was incurred ____ Last 4 digits of account number <u>L010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,863.00
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3.219	Nonpriority creditor's name and mailing address CAMPDONICO, SOPHIA 519 MAGNOLIA AVE PIEDMONT, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number <u>7812</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.220	Nonpriority creditor's name and mailing address CANAAN COMPANY Attn: Managing Agent 426 W BEDFORD AVE FRESNO, CA 93711 Date(s) debt was incurred _____ Last 4 digits of account number N001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$581.00
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3.221	Nonpriority creditor's name and mailing address CANNATA, LIZA 1834 HYDE SAN FRANCISCO, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
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3.222	Nonpriority creditor's name and mailing address CANTOR, CAROLYN 7237 E. MONTEBELLO AVE SCOTTSDALE, AZ 85250 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.00
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3.223	Nonpriority creditor's name and mailing address CAPDECO, c/o BIA CONDON BLEU Attn: Managing Agent 41 Madison, 3rd Floor NEW YORK, NY 10010 Date(s) debt was incurred _____ Last 4 digits of account number I005	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$774.00
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3.224	Nonpriority creditor's name and mailing address CAPONIGRO, TRACIE & MICHAEL 3 GOUGH ST SAN FRANCISCO, CA 94103 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.225	Nonpriority creditor's name and mailing address CAPPY THOMPSON STUDIO, INC Attn: Managing Agent 707 S SNQUALMIE ST 4A SEATTLE, WA 98108 Date(s) debt was incurred _____ Last 4 digits of account number P002	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,750.00
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3.226	Nonpriority creditor's name and mailing address CAPUR, MAYA 1555 VALLEJO ST. APT 6 SAN FRANCISCO, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.227	Nonpriority creditor's name and mailing address CARA, LUSE 489 DALEHURST AVENUE LOS ANGELES, CA 90024 Date(s) debt was incurred ____ Last 4 digits of account number <u>1694</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.228	Nonpriority creditor's name and mailing address CARELLE LTD Attn: Managing Agent 2 WEST 46TH ST STE 709 NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>R052</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,590.00
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3.229	Nonpriority creditor's name and mailing address CARLSON, KRISTA 3450 SACRAMENTO ST SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.230	Nonpriority creditor's name and mailing address CAROL GREEN STUDIO Attn: Managing Agent OS220 KENMAR DRIVE ELBURN, IL 60119 Date(s) debt was incurred ____ Last 4 digits of account number <u>R008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$880.00
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3.231	Nonpriority creditor's name and mailing address CAROLA GANSSLEIN Attn: Managing Agent SAALGASSE 22.D-6031 FRANKFURT 0, 60311 DEU Date(s) debt was incurred ____ Last 4 digits of account number <u>N005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,552.00
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3.232	Nonpriority creditor's name and mailing address CAROLE, ENGLER 56 BAYVIEW AVE BELVEDERE, CA 94920-2368 Date(s) debt was incurred ____ Last 4 digits of account number <u>8903</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.233	Nonpriority creditor's name and mailing address CAROLINE CRANDALL 2100 PACIFIC AVENUE APT 2B SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,682.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.234	Nonpriority creditor's name and mailing address CAROLINE MATTHEWS 9 EAST KIRKE STREET CHEVY CHASE, MD 20815 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$344.00
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3.235	Nonpriority creditor's name and mailing address CAROLINE ROSE, INC. Attn: Managing Agent 741 MADISON STREET OAK PARK, IL 60302 Date(s) debt was incurred ____ Last 4 digits of account number <u>R040</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.236	Nonpriority creditor's name and mailing address CAROLYN ASBURY 1665 7TH AVENUE SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.00
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3.237	Nonpriority creditor's name and mailing address CAROLYN MCVEIGH 1050 COLLEGE AVENUE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$608.00
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3.238	Nonpriority creditor's name and mailing address CAROLYN, BETTS 234 FRONT STREET 2ND FLOOR SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>5418</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.239	Nonpriority creditor's name and mailing address CAROLYN, RYAN 6277 MCFARLAND STOCKTON, CA 95212 Date(s) debt was incurred ____ Last 4 digits of account number <u>9090</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.240	Nonpriority creditor's name and mailing address CARRIE MORRIS 140 MAPACHE DR PORTOLA VALLEY, CA 94028 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$415.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.241	Nonpriority creditor's name and mailing address CARTER, J ROBERT 20 MAIN STREET SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.00
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3.242	Nonpriority creditor's name and mailing address CASABONNE, KATHERINE 1234 SW 18TH AVE NUMBER 512 PORTLAND, OR 97205 Date(s) debt was incurred ____ Last 4 digits of account number <u>3012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
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3.243	Nonpriority creditor's name and mailing address CASAFINA LIVING/COSTA NOVA Attn: Managing Agent ORCHARD RIDGE CORPORATE PARK - 301 FIELD BREWSTER, NY 10509 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$391.00
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3.244	Nonpriority creditor's name and mailing address CASHMERE WRAPPINGS Attn: Managing Agent 747E RED ROCK DR MERIDIAN, ID 83646 Date(s) debt was incurred ____ Last 4 digits of account number <u>S009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$910.00
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3.245	Nonpriority creditor's name and mailing address CASPARI, INC. Attn: Managing Agent 99 COGWHEEL LN SEYMOUR, CT 06483 Date(s) debt was incurred ____ Last 4 digits of account number <u>S003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,955.00
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3.246	Nonpriority creditor's name and mailing address CASSIDY, COLLEEN 2010 VALLEJO STREET # 5 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.00
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3.247	Nonpriority creditor's name and mailing address CATHERINE ANTLE 701 MONTEREY SALINAS HWY SALINAS, CA 93908 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,984.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.248	Nonpriority creditor's name and mailing address CATHERINE NEILS 1150 LOMBARD STREET APT 29 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$581.00
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3.249	Nonpriority creditor's name and mailing address CATHERINE, ALIOTO 150 OAK AVE SAN ANSELMO, CA 94960 Date(s) debt was incurred ____ Last 4 digits of account number <u>9305</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.250	Nonpriority creditor's name and mailing address CATHERINE, PEARSON 5555 DEL MONTE #701 HOUSTON, TX 77056 Date(s) debt was incurred ____ Last 4 digits of account number <u>0174</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.251	Nonpriority creditor's name and mailing address CATHERINE, SHOFFNER 2210 HILLVIEW LAGUNA BEACH, CA 92651 Date(s) debt was incurred ____ Last 4 digits of account number <u>8651</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.252	Nonpriority creditor's name and mailing address CAYLOR, KRISTY 315 BLEEKER STREET #286 NEW YORK, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.253	Nonpriority creditor's name and mailing address CDW DIRECT, LLC Attn: Managing Agent P O BOX 75723 CHICAGO, IL 60675-5723 Date(s) debt was incurred ____ Last 4 digits of account number <u>W001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,741.00
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3.254	Nonpriority creditor's name and mailing address CELERANT TECHNOLOGY CORP. Attn: Managing Agent 4830 ARTHUR KILL ROAD STATEN ISLAND, NY 10309 Date(s) debt was incurred ____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,015.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.255	Nonpriority creditor's name and mailing address CCELERANT WARRANTY SERVICES LLC Attn: Managing Agent 4830 ARTHUR KILL ROAD STATEN ISLAND, NY 10309 Date(s) debt was incurred _____ Last 4 digits of account number <u>L002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,475.00
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3.256	Nonpriority creditor's name and mailing address Central National Gottesman Inc. Attn: Managing Agent 3 Manhattanville Road Purchase, NY 10577 Date(s) debt was incurred <u>5/7/2018</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>Note Payable dated 5/7/2018</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447,719.21
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3.257	Nonpriority creditor's name and mailing address CERTEGY CHECK SERVICES, INC. Attn: Managing Agent P O BOX 4535 CAROL STREAM, IL 60197-4535 Date(s) debt was incurred _____ Last 4 digits of account number <u>R002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.00
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3.258	Nonpriority creditor's name and mailing address CERYAK, CHANTAL LAMBERTO 2802 JACKSON STREET SAN FRANCISCO, CA 94115 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
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3.259	Nonpriority creditor's name and mailing address CHACE, M. 20 BAYBERRY LLANE MOUNT KISCO, NY 10549 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
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3.260	Nonpriority creditor's name and mailing address CHALL, DAVINA 288 SAN JOSE AVE. SAN FRANCISCO, CA 94110 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.00
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3.261	Nonpriority creditor's name and mailing address CHAMARTLIMOGES.COM Attn: Managing Agent 27 A MAIN ST OSSINING, NY 10562 Date(s) debt was incurred _____ Last 4 digits of account number <u>A002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$223.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.262	Nonpriority creditor's name and mailing address CHAPARRO, STEPHANIE 735 MENLO AVE APT.#1 MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number <u>0932</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,671.00
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3.263	Nonpriority creditor's name and mailing address CHARBONNEL ET WALKER Attn: Managing Agent 1714 WILMINGTON AVE RICHMOND, VA 23227 Date(s) debt was incurred ____ Last 4 digits of account number <u>A037</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,189.00
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3.264	Nonpriority creditor's name and mailing address CHASES III, ALEXANDER 1310 JONES ST APT 901 SAN FRANCISCO, CA 94109-4106 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
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3.265	Nonpriority creditor's name and mailing address CHATLEY, DEVON 155 EAST 31 ST APT 31A NEW YORK, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number <u>9945</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,375.00
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3.266	Nonpriority creditor's name and mailing address CHAZEN, ALICIA 68 GATES SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.00
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3.267	Nonpriority creditor's name and mailing address CHELSEA CLOCK CO. Attn: Managing Agent 101 SECOND ST CHELSEA, MA 02150 Date(s) debt was incurred ____ Last 4 digits of account number <u>E002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,389.00
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3.268	Nonpriority creditor's name and mailing address CHERIE, MILES 8606 MOHAWK ROAD LEAWOOD, KS 66206 Date(s) debt was incurred ____ Last 4 digits of account number <u>4555</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.269	Nonpriority creditor's name and mailing address CHERNIK, KIIRA 404 PARK AVENUE SOUTH 4E NEW YORK, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number <u>2674</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,275.00
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3.270	Nonpriority creditor's name and mailing address CHERYL LECLERC 111 CHESTNUT STREET UNIT 305 SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,471.00
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3.271	Nonpriority creditor's name and mailing address CHIN, GOODWIN 1919 SHORELINE DR APT 114 ALAMEDA, CA 94501-6015 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.00
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3.272	Nonpriority creditor's name and mailing address CHIU, JOHN 301 KING STREET #910 SAN FRANCISCO, CA 94158 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.00
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3.273	Nonpriority creditor's name and mailing address CHOCOLATE STARS USA LLC Attn: Managing Agent 205 MOONACHIE RD MOONACHIE, NJ 07074 Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,160.00
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3.274	Nonpriority creditor's name and mailing address CHOW, MARGARET 93 SAN JACINTO WAY SAN FRANCISCO, CA 94127 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.00
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3.275	Nonpriority creditor's name and mailing address CHOZEN, JOANNA 160 W 66TH ST APT 30D NEW YORK, NY 10023-6561 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.276	Nonpriority creditor's name and mailing address CHRISTIAN ULBRICHT Attn: Managing Agent SAALGASSE 22.D-6031 FRANKFURT 0, 60311 DEU Date(s) debt was incurred ____ Last 4 digits of account number <u>N005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$576.00
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3.277	Nonpriority creditor's name and mailing address CHRISTINA DONDERO 9 14TH AVE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,675.00
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3.278	Nonpriority creditor's name and mailing address CHRISTINA'S WORLD Attn: Managing Agent 27 WOODCREEK CT DEER PARK, NY 11729 Date(s) debt was incurred ____ Last 4 digits of account number <u>R007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,601.00
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3.279	Nonpriority creditor's name and mailing address CHRISTINA, HASSELMAN 2100 NORTH POINT #203 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>9711</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.280	Nonpriority creditor's name and mailing address CHRISTINE ORIGINALS Attn: Managing Agent 78 ANDERSON RD ELLENVILLE, NY 12428 Date(s) debt was incurred ____ Last 4 digits of account number <u>R013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.281	Nonpriority creditor's name and mailing address CHRISTINE RHYU 662 ALVARADO STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,393.00
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3.282	Nonpriority creditor's name and mailing address CHRISTINE, ELLIS 6486 FRAMPTON CIRCLE HUNTINGTON BEACH, CA 92648 Date(s) debt was incurred ____ Last 4 digits of account number <u>7291</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.283	Nonpriority creditor's name and mailing address CHRISTINE, WEIGMAN 19 GOOD HILL ROAD WESTON, CT 06883 Date(s) debt was incurred ____ Last 4 digits of account number <u>6654</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.284	Nonpriority creditor's name and mailing address CHRISTOFLE Attn: Managing Agent 41 MADISON AVE, 6TH FLOOR NEW YORK, NY 10010 Date(s) debt was incurred ____ Last 4 digits of account number <u>R014</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,326.00
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3.285	Nonpriority creditor's name and mailing address CHRISTOPHER TEASLEY 921 ST VINCENT AVE SANTA BARBARA, CA 93101 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$459.00
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3.286	Nonpriority creditor's name and mailing address CHRISTOPHER, LORD 3651 21ST ST. SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>4505</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.287	Nonpriority creditor's name and mailing address CHUN, CHRISTINE 1551 DANA AVENUE NEW YORK, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.288	Nonpriority creditor's name and mailing address CHUN, CHRISTINE 3616 OVELLA WAY PLEASANTON, CA 94566 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.00
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3.289	Nonpriority creditor's name and mailing address CHUNG, DAVID 2196 JACKSON ST SAN FRANCISCO, CA 94115-1540 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.290	Nonpriority creditor's name and mailing address CIDNY FOX 2832 YOUNG DR OAKTON, VA 22124 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.00
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3.291	Nonpriority creditor's name and mailing address CIE LUXE BRANDS, LLC Attn: Managing Agent 6062 CORTE DEL CEDRO CARLSBAD, CA 92011 Date(s) debt was incurred ____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,216.00
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3.292	Nonpriority creditor's name and mailing address CIOFFI, GINA 301 MAIN STREET APT 6D SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0849</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,815.00
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3.293	Nonpriority creditor's name and mailing address CIRE TRUDON USA. INC Attn: Managing Agent 10-34 44TH DR, 2ND FLOOR LONG ISLAND CITY, NY 11101 Date(s) debt was incurred ____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,939.00
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3.294	Nonpriority creditor's name and mailing address CITY LIGHTS Attn: Managing Agent 1585 FOLSOM STREET SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>T008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,829.00
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3.295	Nonpriority creditor's name and mailing address CLARDY, LESSA 211 STONE CREEK DR. CHARLOTTE, NC 28211 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.296	Nonpriority creditor's name and mailing address CLARK, ELIZABETH 207 BELOIT AVE LOS ANGELES, CA 90049 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.297	Nonpriority creditor's name and mailing address CLARK, MATTHEW 1201 CALIFORNIA ST APT 203 SAN FRANCISCO, CA 94109-0006 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.298	Nonpriority creditor's name and mailing address CLARK, NOA 1826 BEACH ST. SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0637</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,843.00
3.299	Nonpriority creditor's name and mailing address CLARKSON, SUSAN 8 EDEN LANE LARKSPUR, CA 94939 Date(s) debt was incurred ____ Last 4 digits of account number <u>4044</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221.00
3.300	Nonpriority creditor's name and mailing address CLAUDIA PEARSON INC Attn: Managing Agent 141 GREENE AVE BROOKLYN, NY 11238 Date(s) debt was incurred ____ Last 4 digits of account number <u>A018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,652.00
3.301	Nonpriority creditor's name and mailing address CLAUSEN, HILLARY 80 MARGARITA DRIVE SAN RAFAEL, CA 94901 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
3.302	Nonpriority creditor's name and mailing address CLAWSON, SHANNON 68 VERNON ST APT1 OAKLAND, CA 94610 Date(s) debt was incurred ____ Last 4 digits of account number <u>6158</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,560.00
3.303	Nonpriority creditor's name and mailing address CLEARY, SEAN 171 W 71ST ST # 7C NEW YORK, NY 10023-3801 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00

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3.304	Nonpriority creditor's name and mailing address CNS TRADING INC. Attn: Managing Agent 3000-F DANVILLE BLVD 294 ALAMO, CA 94507 Date(s) debt was incurred _____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,901.00
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3.305	Nonpriority creditor's name and mailing address COCHRANE, MICHAEL 1220 ROSE LN LAFAYETTE, CA 94549-3032 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.00
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3.306	Nonpriority creditor's name and mailing address CODY FOSTER & CO., INC Attn: Managing Agent 601 WEST A ST - P O BOX 247 VALENTINE, NE 69201 Date(s) debt was incurred _____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,850.00
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3.307	Nonpriority creditor's name and mailing address CODY, LYNNE 14481 LIGHTING TREE ROAD NEVADA CITY, CA 95959 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.308	Nonpriority creditor's name and mailing address COGENT SOLUTIONS & SUPPLIES Attn: Managing Agent 3200 REGATTA BLVD, UNIT F RICHMOND, CA 94804 Date(s) debt was incurred _____ Last 4 digits of account number <u>G001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.309	Nonpriority creditor's name and mailing address COHEN, LISA 1039 CABRILLO ST SAN FRANCISCO, CA 94118 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.00
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3.310	Nonpriority creditor's name and mailing address COHEN, MITCHELL 4940 S LAKE SHORE DR APT G CHICAGO, IL 60615-3254 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.311	Nonpriority creditor's name and mailing address COLE FOX HARDWARE Attn: Managing Agent 70 FOURTH ST SAN FRANCISCO, CA 94103 Date(s) debt was incurred _____ Last 4 digits of account number <u>L002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$409.00
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3.312	Nonpriority creditor's name and mailing address COLE, JACQUELINE 3621 OVERBROOK LANE HOUSTON, TX 77027 Date(s) debt was incurred _____ Last 4 digits of account number <u>9103</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,209.00
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3.313	Nonpriority creditor's name and mailing address COLES, MEGHAN 1451 MONTGOMERY STREET APT 2 SAN FRANCISCO, CA 94133 Date(s) debt was incurred _____ Last 4 digits of account number <u>3975</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,433.00
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3.314	Nonpriority creditor's name and mailing address COLLEEN MCALEER 3137 WEST LAURELHURST DRIVE NE SEATTLE, WA 98105 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.00
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3.315	Nonpriority creditor's name and mailing address COLLEEN SHERLOCK 3201 KIRBY DR HOUSTON, TX 77098 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$764.00
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3.316	Nonpriority creditor's name and mailing address COLLINS, MOLLY 432 GOLDEN GATE AVE BELVEDERE, CA 94920 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.317	Nonpriority creditor's name and mailing address COLLISTER, DOUGLAS 3791 SOUTHERN BLVD SE STE 202 RIO RANCHO, NM 87124-7413 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
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3.318	Nonpriority creditor's name and mailing address COLSKY, KRISTIN 1751 PACIFIC AVENUE APT 11 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>3294</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,247.00
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3.319	Nonpriority creditor's name and mailing address COLUMBUS, ELEANOR 2400 STEINER ST APT2 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>6645</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,419.00
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3.320	Nonpriority creditor's name and mailing address COLVIN, JESSICA STEIN 4770 MISSION ST APT 412 SAN FRANCISCO, CA 94112-2755 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.00
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3.321	Nonpriority creditor's name and mailing address COLYAR, KELLY 18490 RAVENWOOD DRIVE SARATOGA, CA 95070 Date(s) debt was incurred ____ Last 4 digits of account number <u>5973</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,897.00
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3.322	Nonpriority creditor's name and mailing address COMARTIN, CAMERON 624 PARROTT DR SAN MATEO, CA 94402-3222 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.00
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3.323	Nonpriority creditor's name and mailing address Comcast Spotlight Attn: Managing Agent P O Box 742637 Los Angeles, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number <u>M017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,037.00
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3.324	Nonpriority creditor's name and mailing address COMPTON-RYAN, RENEE 220 UPPER TER SAN FRANCISCO, CA 94117-4516 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$259.00
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3.325	Nonpriority creditor's name and mailing address CONDON, ANNIE & DAVE 134 ARANDA ST NE SAINT PETERSBURG, FL 33704-3706 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.326	Nonpriority creditor's name and mailing address CONGDON, KATY 3675 WASHINGTON STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>4274</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
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3.327	Nonpriority creditor's name and mailing address CONNER, ARTHUR 2698 VALLEJO ST SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.00
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3.328	Nonpriority creditor's name and mailing address CONNIE ROBERSON Attn: Managing Agent 13344 BEACH AVE MARINA DEL REY, CA 90292 Date(s) debt was incurred ____ Last 4 digits of account number <u>N013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$282.00
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3.329	Nonpriority creditor's name and mailing address CONNIE, HARRIS 1545 SUNSET DR ELM GROVE, WI 53122 Date(s) debt was incurred ____ Last 4 digits of account number <u>6890</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
<hr/>			
3.330	Nonpriority creditor's name and mailing address CONNOLLY, JOCELYN 10 MANOR TER MILL VALLEY, CA 94941-2076 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.331	Nonpriority creditor's name and mailing address CONNOLLY, MARY 612 SANCHEZ STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>3909</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

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3.332	Nonpriority creditor's name and mailing address CONRAD COLLECTION Attn: Managing Agent 9320 BOUL. ST-LAURENT - SUITE 200 MONTREAL QC, H2N 1N7 CAN Date(s) debt was incurred ____ Last 4 digits of account number <u>L008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.00
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3.333	Nonpriority creditor's name and mailing address Constantin Wild GmbH & Co. KG Attn: Managing Agent HAUPTSTRASSE 103 Idar-Oberstein 0, 55743 DEU Date(s) debt was incurred ____ Last 4 digits of account number <u>O001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$874.00
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3.334	Nonpriority creditor's name and mailing address CONWAY, SARAH 140 BUNKER HILL ROAD OSTERVILLE, MA 02655 Date(s) debt was incurred ____ Last 4 digits of account number <u>9083</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.335	Nonpriority creditor's name and mailing address COON, MELISSA 1122 COLE STREET SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
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3.336	Nonpriority creditor's name and mailing address COOPER, JENNIFER 334 SAN RAFAEL AVE BELVEDERE, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.00
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3.337	Nonpriority creditor's name and mailing address COOPER, JONH 2189 LAS TRAMPAS RD ALAMO, CA 94507 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
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3.338	Nonpriority creditor's name and mailing address COOPER, LINDSAY 1743 GOLDEN GATE AVENUE APT 12 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>2246</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,415.00
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3.339	Nonpriority creditor's name and mailing address COOPER, PUNTERERI 708 VIRGINIA AVE MODESTO, CA 95354 Date(s) debt was incurred ____ Last 4 digits of account number <u>2360</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236.00
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3.340	Nonpriority creditor's name and mailing address CORFMAN, AMANDA 3301 BRODERICK STREET 203 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>1739</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,531.00
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3.341	Nonpriority creditor's name and mailing address Cornerstone System Inc. Attn: Managing Agent P O Box 842834 Boston, MA 02284-2834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.342	Nonpriority creditor's name and mailing address CORODATA Attn: Managing Agent P O BOX 842638 LOS ANGELES, CA 90084-2638 Date(s) debt was incurred ____ Last 4 digits of account number <u>R010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$838.00
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3.343	Nonpriority creditor's name and mailing address CORTEZ, JAMIE 1440 BUCKINGHAM WAY HILLSBOROUGH, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.00
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3.344	Nonpriority creditor's name and mailing address CORY, KIMBERLEE 659 BREWER DR HILLSBOROUGH, CA 94010-6636 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.345	Nonpriority creditor's name and mailing address COTE, NICOLE 1233 FRANCISCO STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>5075</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.00
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3.346	Nonpriority creditor's name and mailing address COUCH, ASHLEY 95 WALL STREET APT 722 NEW YORK, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number <u>0089</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$835.00
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3.347	Nonpriority creditor's name and mailing address COULEUR NATURE Attn: Managing Agent 13741 DANIELSON ST., STE E POWAY, CA 92064 Date(s) debt was incurred ____ Last 4 digits of account number <u>U001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.00
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3.348	Nonpriority creditor's name and mailing address COURTNEY, LANDIS 626 CHURCH ST SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>2142</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.349	Nonpriority creditor's name and mailing address COUSART, RACHEL 4500 S. FOUR MILE RUN DR #921 ARLINGTON, VA 22204 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
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3.350	Nonpriority creditor's name and mailing address COVATTA, MARIA 45 HALSEY DR OLD GREENWICH, NE 06870-1228 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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3.351	Nonpriority creditor's name and mailing address COYNE, MARY 100 RIVERS EDGE DRIVE - APT 250 MEDFORD, MA 02155 Date(s) debt was incurred ____ Last 4 digits of account number <u>5967</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,724.00
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3.352	Nonpriority creditor's name and mailing address COYUCHI Attn: Managing Agent 1400 TENNESSEE ST SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>Y001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$564.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.353	Nonpriority creditor's name and mailing address CRAIG CHESLEY 50 OAKWOOD ST SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,460.00
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3.354	Nonpriority creditor's name and mailing address CRAIGE, FLATER 265 BREEZEWALK DRIVE VALLEJO, CA 94591 Date(s) debt was incurred ____ Last 4 digits of account number <u>2423</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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3.355	Nonpriority creditor's name and mailing address CRANE & CO., INC. Attn: Managing Agent P O BOX 897 NORTH ADAMS, MA 01247 Date(s) debt was incurred ____ Last 4 digits of account number <u>A002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,744.00
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3.356	Nonpriority creditor's name and mailing address CRAWFORD, PEGGY 45 ST FRANCIS BLVD SAN FRANCISCO, CA 94127 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.357	Nonpriority creditor's name and mailing address CRONIN, DANIELLE 2774 39TH AVENUE SAN FRANCISCO, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.00
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3.358	Nonpriority creditor's name and mailing address CROW, RANDY 1298 BARRYMORE PLACE PALM SPRINGS, CA 92262 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
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3.359	Nonpriority creditor's name and mailing address CROWE'S FEAT EMBROIDERY Attn: Managing Agent 515 DIGGS RD PARIS, TN 38242 Date(s) debt was incurred ____ Last 4 digits of account number <u>O004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.360	Nonpriority creditor's name and mailing address CRUMP, REBECCA 1133 LINCOLN WAY SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number <u>9252</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285.00
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3.361	Nonpriority creditor's name and mailing address CRYSTAL OF AMERICA, INC Attn: Managing Agent FBO NACHTMAN - P O BOX 27523 NEW YORK, NY 10087-2752 Date(s) debt was incurred ____ Last 4 digits of account number <u>Y003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,685.00
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3.362	Nonpriority creditor's name and mailing address CUMMINGS, DOUG 1904 GREEN STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.363	Nonpriority creditor's name and mailing address CUMMINGS, MARYJO & JOHN 155 17TH AVE SAN FRANCISCO, CA 94121-1317 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.364	Nonpriority creditor's name and mailing address CUNILL AMERICA Attn: Managing Agent 21 MOHAWK PLZ STE 6 - PMB 305 GREENFIELD, MA 01301 Date(s) debt was incurred ____ Last 4 digits of account number <u>N001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,405.00
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3.365	Nonpriority creditor's name and mailing address CUNNINGHAM, BRITTANY 1688 PINE STREET APT W404 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>2547</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.00
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3.366	Nonpriority creditor's name and mailing address CUNNINGHAM, SARAH 6364 WOOD DR OAKLAND, CA 94611-3107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.367	Nonpriority creditor's name and mailing address CURTIS, MICHELLE 2135 BAY STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>7261</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.00
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3.368	Nonpriority creditor's name and mailing address Cushman & Wakefield, Inc. Attn: Rich Lee 425 Market Street Suite 2300 San Francisco, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the 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>Operating expenses due 7/1/2018 and 8/1/2018 under Lease Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,824.00
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3.369	Nonpriority creditor's name and mailing address CUTHBERTSON, JOANNE 48 OAKVALE AVENUE BERKELEY, CA 94705 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.370	Nonpriority creditor's name and mailing address CUTLER, SERENA & KEN 435 SHERIDAN AVENUE NO. 303 PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
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3.371	Nonpriority creditor's name and mailing address CYNTHIA SMITH 2140 PACIFIC AVENUE SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,058.00
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3.372	Nonpriority creditor's name and mailing address CYNTHIA, REIMAN 11510 EVERGREEN CREEK LANE LAS VEGAS, NV 89135 Date(s) debt was incurred ____ Last 4 digits of account number <u>5972</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.373	Nonpriority creditor's name and mailing address D S A FACTORS Attn: Managing Agent PO BOX 577520 CHICAGO, IL 60657-7520 Date(s) debt was incurred ____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,854.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.374	Nonpriority creditor's name and mailing address DALE LEONUDAKIS 2859 FILBERT SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.375	Nonpriority creditor's name and mailing address DAN FRIDAY Attn: Managing Agent 358 NE 158TH ST SHORELINE, WA 98155 Date(s) debt was incurred ____ Last 4 digits of account number <u>N020</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,950.00
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3.376	Nonpriority creditor's name and mailing address DANAHER, CLAIRE D'ARCY 1301 CALIFORNIA STREET SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>1145</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,554.00
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3.377	Nonpriority creditor's name and mailing address DANFORTH Attn: Managing Agent PO BOX 828 MIDDLEBURY, VT 05753 Date(s) debt was incurred ____ Last 4 digits of account number <u>N007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,347.00
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3.378	Nonpriority creditor's name and mailing address DANIEL CONNER 8015 CIRCLE DRIVE NEHALEM, OR 97131 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.00
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3.379	Nonpriority creditor's name and mailing address DANIELLE MADDIX 52 BERKSHIRE ROAD ALAMEDA, CA 94502 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$817.00
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3.380	Nonpriority creditor's name and mailing address DANTINE, CLAIRE 1328 GREENWICH STREET SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0386</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.381	Nonpriority creditor's name and mailing address DAUM, INC Attn: Managing Agent 368 PASSAIC AVE FAIRFIELD, NJ 07004 Date(s) debt was incurred ____ Last 4 digits of account number <u>U001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,057.00
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3.382	Nonpriority creditor's name and mailing address DAVE MEEKER ART Attn: Managing Agent 5045 NE 34TH AVE PORTLAND, OR 97211 Date(s) debt was incurred ____ Last 4 digits of account number <u>V002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,995.00
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3.383	Nonpriority creditor's name and mailing address DAVE PATCHEN Attn: Managing Agent 501 LAKE ST.,#301 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>V003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,023.00
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3.384	Nonpriority creditor's name and mailing address DAVEY, HEATHER 2824 OCTAVIA STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
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3.385	Nonpriority creditor's name and mailing address DAVID DE JESUS 300 LINA AVE ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,286.00
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3.386	Nonpriority creditor's name and mailing address DAVID HARRIS 440 CORBETT AVE SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201.00
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3.387	Nonpriority creditor's name and mailing address DAVID SANDS 300 EAST 46TH STREET UNIT 16 D NEW YORK, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,563.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.388	Nonpriority creditor's name and mailing address DAVID SHARP 231 - 10TH AVENUE, APT. 2B NEW YORK, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
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3.389	Nonpriority creditor's name and mailing address DAVID, BERNADETTE 9104 S GALE RIDGE RD SAN RAMON, CA 94582 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.00
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3.390	Nonpriority creditor's name and mailing address DAVID, PREND 8 CASS STREET EXETER, NH 03833 Date(s) debt was incurred ____ Last 4 digits of account number <u>4150</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.391	Nonpriority creditor's name and mailing address DAVIES, NATALIE 2828 LEMON AVENUE E APT 5131 DALLAS, TX 75204 Date(s) debt was incurred ____ Last 4 digits of account number <u>9211</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,286.00
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3.392	Nonpriority creditor's name and mailing address DAVIRRO, AMY 1769 GROVE ST. SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>6373</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$414.00
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3.393	Nonpriority creditor's name and mailing address DAVIS, CHANNING 25 CENTRAL PARK W APT 14U NEW YORK, NY 10023-7216 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.00
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3.394	Nonpriority creditor's name and mailing address DAVIS, SHIRLEY ROSS 2550 FILBERT STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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Debtor	Name	Case number (if known)	
	Gump's Corp.		18-14684-leb
3.395	Nonpriority creditor's name and mailing address DAY, RYAN 840 POWELL STREET SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$361.00
3.396	Nonpriority creditor's name and mailing address DAYLE MACCORMACK 675 LA BOURGADE POINT COLORADO SPRINGS, CO 80906 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.397	Nonpriority creditor's name and mailing address DE ANGELIS, KENNETH 833 9TH ST APT C SANTA MONICA, CA 90403-1527 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
3.398	Nonpriority creditor's name and mailing address DE ROSA USA LLC Attn: Managing Agent ATTN: A. RUBINES -SABADELL UNITED BANK - 1751 WEST 49TH ST HIALEAH, FL 33012 Date(s) debt was incurred ____ Last 4 digits of account number <u>R006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,126.00
3.399	Nonpriority creditor's name and mailing address Deacon & Co. Attn: Managing Agent 5/F. Tower 2, South Seas Centre, 75 Mody Kowloon, Hong Kong SAR 0, 999077 HKG Date(s) debt was incurred <u>5/16/2018</u> Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Note Payable dated 5/16/2018</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$832,857.41
3.400	Nonpriority creditor's name and mailing address DEAKIN & FRANCIS LTD Attn: Managing Agent P.O. BOX 634648 CINCINNATI, OH 45263-4648 Date(s) debt was incurred ____ Last 4 digits of account number <u>A002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,420.00
3.401	Nonpriority creditor's name and mailing address DEANNE, SPEARS P O BOX 1294 EL GRANADA, CA 94018 Date(s) debt was incurred ____ Last 4 digits of account number <u>8957</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00

Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.402	Nonpriority creditor's name and mailing address DEARINGTON, MEREDETH 10 CAPRA WAY NO 304 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>5267</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.00
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3.403	Nonpriority creditor's name and mailing address DEBARTOLO, NICOLE 1117 ABBEYS WAY TAMPA, FL 33602 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00
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3.404	Nonpriority creditor's name and mailing address DEBBIE, CARR 610 EASY STREET # 111 CLEVELAND, TX 77327 Date(s) debt was incurred ____ Last 4 digits of account number <u>9429</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.405	Nonpriority creditor's name and mailing address DEBBIE, SIMON 170 CENTRE ST MILTON, MA 02186 Date(s) debt was incurred ____ Last 4 digits of account number <u>8232</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.406	Nonpriority creditor's name and mailing address DEBENHAM, WARREN & SALLY 143 ARLINGTON AVE BERKELEY, CA 94707-1101 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
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3.407	Nonpriority creditor's name and mailing address DEBORAH LOU POTEE 224 HOMEPORT DRIVE GRASONVILLE, MD 21638 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,815.00
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3.408	Nonpriority creditor's name and mailing address DEBORAH, CROSBY 40 HARBOR OAK DR # 12 TIBORON, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>3866</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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Debtor	Gump's Corp. Name _____	Case number (if known)	18-14684-leb
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3.409	Nonpriority creditor's name and mailing address DEBORAH, PARISE 301 EAST 48TH ST NEW YORK, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number <u>8161</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.410	Nonpriority creditor's name and mailing address DEBORAH, PUCCINELLI 140 SOUTH VAN NESS #1004 SAN FRANCISCO, CA 94112 Date(s) debt was incurred _____ Last 4 digits of account number <u>0175</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.411	Nonpriority creditor's name and mailing address DEBRIER, DANIELLE 477 EMERALD AVE SAN CARLOS, CA 94070-4547 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221.00
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3.412	Nonpriority creditor's name and mailing address DEKORASYON GIFTS AND DECOR Attn: Managing Agent 20024 11TH AVE W LYNWOOD, WA 98036 Date(s) debt was incurred _____ Last 4 digits of account number <u>K002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,028.00
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3.413	Nonpriority creditor's name and mailing address DEL BONTA JEWELERS, INC Attn: Managing Agent 210 POST ST 409 SAN FRANCISCO, CA 94108 Date(s) debt was incurred _____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
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3.414	Nonpriority creditor's name and mailing address DELUCA, ELIA 244 ALMONTE BLVD MILL VALLEY, CA 94941 Date(s) debt was incurred _____ Last 4 digits of account number <u>4631</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,010.00
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3.415	Nonpriority creditor's name and mailing address DEMAIO, LORRAINE 1407 PONDCREST LN WHITE PLAINS, NY 10607-1357 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.416	Nonpriority creditor's name and mailing address DEMARIA, MELISSA 3014 BAKER ST SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
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3.417	Nonpriority creditor's name and mailing address DEMPSEY & CARROLL Attn: Managing Agent 1049 LEXINGTON AVE NEW YORK, NY 10021 Date(s) debt was incurred ____ Last 4 digits of account number <u>M004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,591.00
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3.418	Nonpriority creditor's name and mailing address DENISE NATHANSON 41 PARK LANE RANCHO MIRAGE, CA 92270 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,168.00
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3.419	Nonpriority creditor's name and mailing address DERENIUK, JESSIE 970 RACHAEL ROAD SONOMA, CA 95476 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102.00
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3.420	Nonpriority creditor's name and mailing address DERIGGI, MARIA 15401 SONOMA HWY SONOMA, CA 95476 Date(s) debt was incurred ____ Last 4 digits of account number <u>1691</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,878.00
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3.421	Nonpriority creditor's name and mailing address DESAUTELS, DAWN 433 CLARK DRIVE SAN MATEO, CA 94402 Date(s) debt was incurred ____ Last 4 digits of account number <u>8133</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,542.00
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3.422	Nonpriority creditor's name and mailing address DESIGN IDEAS Attn: Managing Agent P.O. BOX 2967 SPRINGFIELD, IL 62708 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,160.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.423	Nonpriority creditor's name and mailing address DESIGNERS GUILD Attn: Managing Agent 230 5TH AVE STE 1903 NEW YORK, NY 10001 Date(s) debt was incurred _____ Last 4 digits of account number <u>S013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$540.00
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3.424	Nonpriority creditor's name and mailing address DESPARD, ALISA 1050 BATTERY STREET SAN FRANCISCO, CA 94111 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
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3.425	Nonpriority creditor's name and mailing address DEUTSCHENDORF, ANNA KATE 777 EDGEWOOD AVE MILL VALLEY, CA 94941 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
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3.426	Nonpriority creditor's name and mailing address DEVINE CORP. Attn: Managing Agent FOB ANNA WEATHERLEY - 1345 CAMPUS PKWY WALL TOWNSHIP, NJ 07753 Date(s) debt was incurred _____ Last 4 digits of account number <u>V004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,823.00
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3.427	Nonpriority creditor's name and mailing address DEVOTO, JENNY 3101 GOUGH ST NO 303 SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>8422</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,237.00
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3.428	Nonpriority creditor's name and mailing address DFS Attn: Managing Agent P O BOX 88042 CHICAGO, IL 60680-1042 Date(s) debt was incurred _____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.00
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3.429	Nonpriority creditor's name and mailing address DIAMOND SALES & SERVICE, INC Attn: Managing Agent 1505 N FOURTH ST SAN JOSE, CA 95112 Date(s) debt was incurred _____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$941.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.430	Nonpriority creditor's name and mailing address DIANA, DARWOOD BARNES LONDON ENGLAND, UK SW139EY Date(s) debt was incurred ____ Last 4 digits of account number <u>2339</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.431	Nonpriority creditor's name and mailing address DIANE, FISCHER 148 BEAUMONT AVEENUE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0117</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.432	Nonpriority creditor's name and mailing address DIBBERN Attn: Managing Agent POSTFACH 1163 ARGTEHEHIDE 0, 22933 DEU Date(s) debt was incurred ____ Last 4 digits of account number <u>B001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,201.00
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3.433	Nonpriority creditor's name and mailing address DICK TAYLOR CRAFT CHOCOLATE Attn: Managing Agent 4 WEST 4TH ST EUREKA, CA 95501 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,215.00
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3.434	Nonpriority creditor's name and mailing address DIGITAL 365 MAIN, LLC Attn: Managing Agent P O BOX 419729 BOSTON, MA 02241-9729 Date(s) debt was incurred ____ Last 4 digits of account number <u>G001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,236.00
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3.435	Nonpriority creditor's name and mailing address DITO, ELIZABETH 67 CLIFFORD TERRACE SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
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3.436	Nonpriority creditor's name and mailing address DITTOE, KIRSTIN 1022 HUDSON STREET APT 3 HOBOKEN, NJ 07030 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.437	Nonpriority creditor's name and mailing address DIXON, BAYLEY 2583 CALIFORNIA ST SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>2682</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,091.00
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3.438	Nonpriority creditor's name and mailing address DM LUXURY LLC Attn: Managing Agent 3464 MOMENTUM PL CHICAGO, IL 60689-5334 Date(s) debt was incurred ____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.439	Nonpriority creditor's name and mailing address DODGE, LORE 12772 NW MARINER CT PALM CITY, FL 34990-8033 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.00
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3.440	Nonpriority creditor's name and mailing address DOLIN, JENNIFER 627 OCCIDENTAL AVE SAN MATEO, CA 94402 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.00
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3.441	Nonpriority creditor's name and mailing address DOLLARS & SCENTS, LTD Attn: Managing Agent 538 WALDOBORO RD WASHINGTON, ME 05474 Date(s) debt was incurred ____ Last 4 digits of account number <u>L003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,075.00
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3.442	Nonpriority creditor's name and mailing address DOLORES, WILLIAMSON 170 TAMALPIAS RD BERKELEY, CA 94708 Date(s) debt was incurred ____ Last 4 digits of account number <u>0936</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.443	Nonpriority creditor's name and mailing address DON, DUBOIS 2700 NEILSON WAY APT 1023 SANTA MONICA, CA 90405-4033 Date(s) debt was incurred ____ Last 4 digits of account number <u>0397</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.444	Nonpriority creditor's name and mailing address DONALD, DUPOIS 2700 NEILSON WAY #1023 SANTA MONICA, CA 90405 Date(s) debt was incurred ____ Last 4 digits of account number <u>4023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.445	Nonpriority creditor's name and mailing address DONDERO, ALLISON 2095 CALIFORNIA ST APT 505 SAN FRANCISCO, CA 94109-4336 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.446	Nonpriority creditor's name and mailing address DONNA SALYERS' FABULOUS-FURS Attn: Managing Agent 25 W ROBBINS ST COVINGTON, KY 41011 Date(s) debt was incurred ____ Last 4 digits of account number <u>N013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,181.00
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3.447	Nonpriority creditor's name and mailing address DONNELLY, MELANIE 487 BEDFORD ROAD CARLISLE, MA 01741 Date(s) debt was incurred ____ Last 4 digits of account number <u>0258</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.448	Nonpriority creditor's name and mailing address DONNELLY, TRISHA 14 WASHINGTON PLACE11I NEW YORK, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.00
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3.449	Nonpriority creditor's name and mailing address DOODHA, DIANE PO BOX 1409 ROSS, CA 94957 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
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3.450	Nonpriority creditor's name and mailing address DORIS, ORDWAY 734 LOVELL AVE MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>5430</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Name	Case number (if known)	
	Gump's Corp.	18-14684-leb	
3.451	Nonpriority creditor's name and mailing address DOSWELL, DABNEY 3303 WATER STREET 6A WASHINGTON, DC 20007 Date(s) debt was incurred ____ Last 4 digits of account number <u>3547</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,891.00
3.452	Nonpriority creditor's name and mailing address DOYLE, KELLY 24 LAKE HELIX DR LA MESA, CA 91941-4434 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
3.453	Nonpriority creditor's name and mailing address DR. VRANJES Attn: Managing Agent 234 WEST 39TH ST 2ND FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number <u>V001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
3.454	Nonpriority creditor's name and mailing address DROPAN, HANS 658 OAK PARK WAY EMERALD HILLS, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
3.455	Nonpriority creditor's name and mailing address DUANE MORRIS LLP Attn: Managing Agent ATTN: PAYMENT PROCESSING 30 S 17TH ST PHILADELPHIA, PA 19103-4196 Date(s) debt was incurred ____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,771.00
3.456	Nonpriority creditor's name and mailing address DUBAIN, DONALD 611 WASHINGTON ST # 2403 SAN FRANCISCO, CA 94111-2105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.00
3.457	Nonpriority creditor's name and mailing address DUBOST COLAS PRADEL Attn: Managing Agent 63250 VISCOMFAT C/O EBO -ANNICK C/O EBO LE BOURG-VISCOMTAT 0, 63250 FR Date(s) debt was incurred ____ Last 4 digits of account number <u>B001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,338.00

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3.458	Nonpriority creditor's name and mailing address DUFTY WEIS OPALS INC Attn: Managing Agent P O BOX 246 MAYSVILLE, KY 41056 Date(s) debt was incurred ____ Last 4 digits of account number F002	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,896.00
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3.459	Nonpriority creditor's name and mailing address DUNN, BETSY 717 7TH AVE VENICE, CA 90291 Date(s) debt was incurred ____ Last 4 digits of account number 7250	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,293.00
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3.460	Nonpriority creditor's name and mailing address DUNN, EMILY 879 SANCHEZ ST. SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00
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3.461	Nonpriority creditor's name and mailing address DUNN, MEREDITH 158 28TH AVE SAN FRANCISCO, CA 94121-1036 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
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3.462	Nonpriority creditor's name and mailing address DUNNE, BETSY 542 TRINIDAD LANE FOSTER CITY, CA 94404 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.00
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3.463	Nonpriority creditor's name and mailing address DUNNE, KAY V. 175 PEPPER AVE BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.464	Nonpriority creditor's name and mailing address DUNNING, CHRISTINA 3367 WASHINGTON STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.465	Nonpriority creditor's name and mailing address Durland Co Attn: Managing Agent 608 Fifth Ave Ste New York, NY 10020 Date(s) debt was incurred _____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,840.00
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3.466	Nonpriority creditor's name and mailing address DUXBURY, SARAH 1312 SHRADER STREET SAN FRANCISCO, CA 94117 Date(s) debt was incurred _____ Last 4 digits of account number <u>0703</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.00
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3.467	Nonpriority creditor's name and mailing address E. SEROUSSI & CO. Attn: Managing Agent 32 RUE DES VIGNOLES PARIS 0, 75020 FRA Date(s) debt was incurred _____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,944.00
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3.468	Nonpriority creditor's name and mailing address E. WIGHTMAN & COMPANY Attn: Managing Agent 1476 66TH ST EMERYVILLE, CA 94608 Date(s) debt was incurred _____ Last 4 digits of account number <u>I001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,917.00
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3.469	Nonpriority creditor's name and mailing address EAGEN, JENNIFER 2811 BUSH STREET SAN FRANCISCO, CA 94115 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00
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3.470	Nonpriority creditor's name and mailing address EARLE, MAIA 4610 ELK SAMMISH PKWY NE SAMMISH, WA 98074 Date(s) debt was incurred _____ Last 4 digits of account number <u>8326</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.00
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3.471	Nonpriority creditor's name and mailing address EAST ENTERPRISES Attn: Managing Agent 21592 ATLANTIC BLVD., SUITE#150 STERLING, VA 20166 Date(s) debt was incurred _____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.00
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3.472	Nonpriority creditor's name and mailing address EC SCOTT GROUP Attn: Managing Agent 1 THORNDAL CIR DARIEN, CT 06820 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,820.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.473	Nonpriority creditor's name and mailing address ECCOLO LTD Attn: Managing Agent 1425 37TH ST BROOKLYN, NY 11218 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$482.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.474	Nonpriority creditor's name and mailing address ED BRANSON 243 HILL RD ASHFIELD, MA 01330 Date(s) debt was incurred ____ Last 4 digits of account number <u>B001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$990.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.475	Nonpriority creditor's name and mailing address EDDIE, SASSIN 924 FOOTHILL DR DALY CITY, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>8060</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$110.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.476	Nonpriority creditor's name and mailing address EDMONDSON, AVERELL 65 ARGUELLO BLVD SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0234</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,597.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.477	Nonpriority creditor's name and mailing address EDWARD, CISLO SUITE 200 TWO EMBARCADERO CENTER SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>7956</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.478	Nonpriority creditor's name and mailing address EDWARD, NAKATLA PO BOX 14241 SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>6533</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Gump's Corp. Name _____	Case number (if known)	18-14684-leb
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3.479	Nonpriority creditor's name and mailing address EDWARDS, EMMELINE 1395 UNION ST. APT. 7 SAN FRANCISCO, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.480	Nonpriority creditor's name and mailing address EDWARDS, NOELLE 4 EMBARCADERO CTR STE 3680 SAN FRANCISCO, CA 94111-5989 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
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3.481	Nonpriority creditor's name and mailing address EIGHT + BOB Attn: Managing Agent 60 HONECK ST ENGLEWOOD, NJ 07631 Date(s) debt was incurred _____ Last 4 digits of account number <u>R003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,163.00
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3.482	Nonpriority creditor's name and mailing address EIGHTMOOD INC Attn: Managing Agent P O BOX 600 GRANTSVILLE, MD 21536 Date(s) debt was incurred _____ Last 4 digits of account number <u>G002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.00
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3.483	Nonpriority creditor's name and mailing address EINSTEIN, CAROLYN 929 VERMONT ST. SAN FRANCISCO, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.484	Nonpriority creditor's name and mailing address EISENSTAT, MELISSA 1125 PARK AVE APT 6-D NEW YORK, NY 10128-1243 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.485	Nonpriority creditor's name and mailing address EISLER, JESSICA & MICHAEL 140 COMMONWEALTH AVE SAN FRANCISCO, CA 94118 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.00
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3.486	Nonpriority creditor's name and mailing address ELEANOR PETERS, BERGQUIST 2 FORDYCE LANE ST. LOUIS, MO 63124 Date(s) debt was incurred ____ Last 4 digits of account number <u>4703</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.00
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3.487	Nonpriority creditor's name and mailing address ELENA CANOVA 25505 BLEDSOE COURT LOS ALTOS, CA 94022 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,486.00
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3.488	Nonpriority creditor's name and mailing address ELIAS ARTMETAL Attn: Managing Agent 70 EAST SECOND ST - P O BOX 1872 MINEOLA, NY 11501 Date(s) debt was incurred ____ Last 4 digits of account number <u>1002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,725.00
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3.489	Nonpriority creditor's name and mailing address ELIZABETH COLE JEWELRY Attn: Managing Agent 26 SIERA VISTA RD SANTA BARBARA, CA 93108 Date(s) debt was incurred ____ Last 4 digits of account number <u>1028</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,043.00
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3.490	Nonpriority creditor's name and mailing address ELIZABETH NAPOLITANO 1025 CEDAR LANE COURT DANVILLE, CA 94526 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,476.00
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3.491	Nonpriority creditor's name and mailing address ELIZABETH, AHLSTRAND 382 27TH AVE SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>7818</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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3.492	Nonpriority creditor's name and mailing address ELIZABETH, BURROWS 1215 ANCHORS WAY DR VENTURA, CA 93001 Date(s) debt was incurred ____ Last 4 digits of account number <u>6934</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.493	Nonpriority creditor's name and mailing address ELIZABETH, GRASWICH 788 SAO JORGE WAY SACRAMENTO, CA 95831 Date(s) debt was incurred ____ Last 4 digits of account number <u>3395</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.494	Nonpriority creditor's name and mailing address ELIZABETH, PROCTOR 118 PALOMA AVENUE PACIFICA, CA 94044 Date(s) debt was incurred ____ Last 4 digits of account number <u>5577</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$228.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.495	Nonpriority creditor's name and mailing address ELLEN, LEROE 201 HARRISON ST APT 920 SAN FRANCISCO, CA 94105-2059 Date(s) debt was incurred ____ Last 4 digits of account number <u>4166</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.496	Nonpriority creditor's name and mailing address ELLIS, POLLIE P.O.BOX 1421 ROSS, CA 94957 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$45.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.497	Nonpriority creditor's name and mailing address ELMETS, LAUREN 251 FRANCISCO STREET APT 3 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>1788</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,630.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.498	Nonpriority creditor's name and mailing address EMERSON, KELLY 1636 32ND STREET SAN DIEGO, CA 92102 Date(s) debt was incurred ____ Last 4 digits of account number <u>6812</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$704.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.499	Nonpriority creditor's name and mailing address EMILY ENGLISH 711 N 35TH STREET APT 105 SEATTLE, WA 98103 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,874.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.500	Nonpriority creditor's name and mailing address EMILY GROSSMAN 6 MEADOWS LANE OCEAN, NJ 07712 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.00
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3.501	Nonpriority creditor's name and mailing address EMILY, DACHS 12026 RHODE ISLAND AVE PH#5 LOS ANGELES, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number <u>9177</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$729.00
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3.502	Nonpriority creditor's name and mailing address EMPIRE SILVER COMPANY Attn: Managing Agent DEPT CH 17745 PALATINE, IL 60055-7745 Date(s) debt was incurred ____ Last 4 digits of account number <u>F001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
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3.503	Nonpriority creditor's name and mailing address ENGEL, KARLEEN 824 LOMBARD ST SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number <u>5849</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.00
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3.504	Nonpriority creditor's name and mailing address ENGELMAN, JESSICA 1315 SAN RAYMUNDO RD HILLSBOROUGH, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266.00
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3.505	Nonpriority creditor's name and mailing address EPSILON DATA MANAGEMENT, LLC Attn: Managing Agent 3788 MOMENTUM PL CHICAGO, IL 60689-5337 Date(s) debt was incurred ____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00
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3.506	Nonpriority creditor's name and mailing address EPSTEIN, EMILY 553A MINER ROAD ORINDA, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number <u>4674</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,951.00
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3.507	Nonpriority creditor's name and mailing address EQUALS 4, INC. Attn: Managing Agent 209 WEST 38TH ST RM 401 NEW YORK, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number <u>U004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,775.00
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3.508	Nonpriority creditor's name and mailing address EQUIFAX INFORMATION SVCS LLC Attn: Managing Agent P.O. BOX 71221 CHARLOTTE, NC 28272-1221 Date(s) debt was incurred _____ Last 4 digits of account number <u>U001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.00
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3.509	Nonpriority creditor's name and mailing address ERBER, SIGRUN 136 27TH AVENUE SAN FRANCISCO, CA 94121 Date(s) debt was incurred _____ Last 4 digits of account number <u>6012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,366.00
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3.510	Nonpriority creditor's name and mailing address ERCOLANO USA, INC. Attn: Managing Agent 2785 PACIFIC COAST HWY STE E275 TORRANCE, CA 90505 Date(s) debt was incurred _____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,889.00
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3.511	Nonpriority creditor's name and mailing address ERIC CORTINA COLLECTION Attn: Managing Agent 26895 ALISO CREED RD., B691 ALISO VIEJO, CA 92656 Date(s) debt was incurred _____ Last 4 digits of account number <u>I014</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,977.00
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3.512	Nonpriority creditor's name and mailing address Eric Javits Inc. Attn: Managing Agent 21-35 44th Road Long Island City, NY 11101 Date(s) debt was incurred <u>5/31/2018</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>Note Payable dated 5/31/2018</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,135.00
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3.513	Nonpriority creditor's name and mailing address ERICA, HELLER 3065 CLAY STREET #203 SAN FRANCISCO, CA 94115 Date(s) debt was incurred _____ Last 4 digits of account number <u>3372</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.514	Nonpriority creditor's name and mailing address ERICH DURRER Attn: Managing Agent 515 SEVENTH AVE NEW YORK, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number <u>R002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.00
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3.515	Nonpriority creditor's name and mailing address ERIKA RYAN 2130 MOUNTAIN BOULEVARD UNIT 306 OAKLAND, CA 94611 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.516	Nonpriority creditor's name and mailing address ERIKSSON, MARK 955 HYDE ST. APT. 6 SAN FRANCISCO, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.517	Nonpriority creditor's name and mailing address ERIN KATHLEEN DONOHUE 2021 LOMITAS CT LIVERMORE, CA 94550 Date(s) debt was incurred _____ Last 4 digits of account number <u>I017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.00
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3.518	Nonpriority creditor's name and mailing address ERLEWINE, RANDY 72 POLHEMUS WAY LARKSPUR, CA 94939-1928 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.519	Nonpriority creditor's name and mailing address ESTES EXPRESS LINE Attn: Managing Agent P O BOX 25612 RICHMOND, VA 23260-5612 Date(s) debt was incurred _____ Last 4 digits of account number <u>T002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$645.00
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3.520	Nonpriority creditor's name and mailing address ESTHER, BLOOM 369 FOX HOUND DR LAFAYETTE HILLS, PA 19444 Date(s) debt was incurred _____ Last 4 digits of account number <u>8706</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.521	Nonpriority creditor's name and mailing address ET AL DESIGNS Attn: Managing Agent DBA ET AL IMPORTS INC - 867 ISABELLA ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,573.00
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3.522	Nonpriority creditor's name and mailing address ETHNICRAFT USA LLC Attn: Managing Agent 101 PROSPECT ST HIGH POINT, NC 27260 Date(s) debt was incurred ____ Last 4 digits of account number <u>H002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,082.00
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3.523	Nonpriority creditor's name and mailing address ETTA LEAH & NATHAN, BLUESTEIN 494 KING ST. CHARLESTON, SC 29403 Date(s) debt was incurred ____ Last 4 digits of account number <u>2306</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.524	Nonpriority creditor's name and mailing address EUROPERFUMES Attn: Managing Agent 60 HONECK ST ENGLEWOOD, NJ 07631 Date(s) debt was incurred ____ Last 4 digits of account number <u>R003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$426.00
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3.525	Nonpriority creditor's name and mailing address EVA, MONROE 330 CASTENADA AVE SAN FRANCISCO, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number <u>4308</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.526	Nonpriority creditor's name and mailing address EVE, WILLIAMS 17643 COMMUNITY STREET NORTHRIDGE, CA 91325 Date(s) debt was incurred ____ Last 4 digits of account number <u>8067</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.527	Nonpriority creditor's name and mailing address EVELYN, WOZNIAK 141 PARKSIDE DR BERKELEY, CA 94705 Date(s) debt was incurred ____ Last 4 digits of account number <u>9614</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.528	Nonpriority creditor's name and mailing address EVENSEN, FRANCES 35 TAMALPAIS ROAD BERKELEY, CA 94708 Date(s) debt was incurred ____ Last 4 digits of account number <u>2231</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,898.00
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3.529	Nonpriority creditor's name and mailing address EVERBANK COMMERCIAL FINANCE INC Attn: Managing Agent P O BOX 911608 DENVER, CO 80291-1608 Date(s) debt was incurred ____ Last 4 digits of account number <u>E008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236.00
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3.530	Nonpriority creditor's name and mailing address EVERETT, CHUCK 623 AUGUSTA DR MORAGA, CA 94556 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
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3.531	Nonpriority creditor's name and mailing address EVERNE, SPIEGEL 106 TALAVERA PLACE PALM BEACH GARDENS, FL 33418 Date(s) debt was incurred ____ Last 4 digits of account number <u>0716</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.00
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3.532	Nonpriority creditor's name and mailing address EXPEDITORS INTERNATIONAL Attn: Managing Agent 6005 Freeport Avenue, Suite 102 MEMPHIS, TN 38141 Date(s) debt was incurred ____ Last 4 digits of account number <u>P003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$965.00
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3.533	Nonpriority creditor's name and mailing address FA VO LLC Attn: Managing Agent 101 E PARK BLVD STE 600 PLANO, TX 75074 Date(s) debt was incurred ____ Last 4 digits of account number <u>V001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,742.00
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3.534	Nonpriority creditor's name and mailing address FAHNESTOCK, M/M PETER 2440 VAN NESS AVE APT.10 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.535	Nonpriority creditor's name and mailing address FAINA, AKSELRUD 3360 MAGUIRE WAY 422 DUBLIN, CA 94568 Date(s) debt was incurred ____ Last 4 digits of account number <u>1393</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.536	Nonpriority creditor's name and mailing address FAIRCHILD, SERENA 3537 WASHINGTON STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.00
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3.537	Nonpriority creditor's name and mailing address FALK, SERRA 201 CHAPMAN RD MILL VALLEY, CA 94941-3419 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.538	Nonpriority creditor's name and mailing address FALLON, SARAH 1708 FULTON ST SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.00
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3.539	Nonpriority creditor's name and mailing address FANCY JEWELRY Attn: Managing Agent 490 POST ST 1253 SAN FRANCISCO, CA 94102 Date(s) debt was incurred ____ Last 4 digits of account number <u>N001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,920.00
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3.540	Nonpriority creditor's name and mailing address FARBER, MICHELLE 5004 NORTH EAST 44TH STREET SEATTLE, WA 98105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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3.541	Nonpriority creditor's name and mailing address FARIS, DIANE 2 E KAPPAS MARINA # A SAUSALITO, CA 94965-3141 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.542	Nonpriority creditor's name and mailing address FARMANFARMAIAN, MANDANA 605 SAN VICENTE BLVD APT 305 SANTA MONICA, CA 90402-1807 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$531.00
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3.543	Nonpriority creditor's name and mailing address FARROW, MRS. CHARLES 1170 SACRAMENTO ST APT 3C SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.544	Nonpriority creditor's name and mailing address FEDER, ADRIANA 245 W 74TH ST APT 8C NEW YORK, NY 10023-2113 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.00
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3.545	Nonpriority creditor's name and mailing address FedEx Corporate Services, Inc. Attn: Managing Agent 942 S. Shady Grove Rd. Memphis, TN 38120 Date(s) debt was incurred ____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
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3.546	Nonpriority creditor's name and mailing address FEFFER, KATE 1551 DANA AVENUE PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$351.00
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3.547	Nonpriority creditor's name and mailing address FERDON, ELIZABETH 2788 GREAT HIGHWAY SAN FRANCISCO, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number <u>3319</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251.00
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3.548	Nonpriority creditor's name and mailing address FERGUS, KATHLEEN 355 EUCLID AVE APT 201 SAN FRANCISCO, CA 94118-2749 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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3.549	Nonpriority creditor's name and mailing address FERN, JACKSON 8 CAPTAIN DR E252 EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number <u>8648</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.550	Nonpriority creditor's name and mailing address FERRARI, TALIA 975 MONTE ROSA DRIVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number <u>2212</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,405.00
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3.551	Nonpriority creditor's name and mailing address FERRARO COOPER, EMILY 528 NORTHERN MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>4724</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.552	Nonpriority creditor's name and mailing address FERRIS, KATHLEEN 775 NOE STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>5442</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
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3.553	Nonpriority creditor's name and mailing address FILICE, GINA 1330 JONES STREET SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0769</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$303.00
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3.554	Nonpriority creditor's name and mailing address FINCH, KELLEY 302 FLETCHER DRIVE ATHERTON, CA 94027 Date(s) debt was incurred ____ Last 4 digits of account number <u>8041</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,917.00
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3.555	Nonpriority creditor's name and mailing address FINE GEMS(NY), INC. Attn: Managing Agent 20 WEST 47TH ST., STE 1402 NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>N004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,445.00
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3.556	Nonpriority creditor's name and mailing address FINKELSTEIN, PAUL 7201 METRO BLVD MINNEAPOLIS, MN 55439-2103 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
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3.557	Nonpriority creditor's name and mailing address FINNEGAN, COURTNEY TOZZI 61 WEST SHORE ROAD TIBURON, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.00
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3.558	Nonpriority creditor's name and mailing address FINSIGHT GROUP INC Attn: Managing Agent 589 8TH AVE, 20TH FLR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number <u>N012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
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3.559	Nonpriority creditor's name and mailing address FIRST AMERICAN BANK Attn: Managing Agent ACCT# 7813186301 - 700 BUSSE RD ELK GROVE VILLAGE, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number <u>R004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,801.00
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3.560	Nonpriority creditor's name and mailing address FISHER SPACE PEN Attn: Managing Agent 711 YUCCA ST BOULDER CITY, NV 89005 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,152.00
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3.561	Nonpriority creditor's name and mailing address FISKARS BRANDS. INC Attn: Managing Agent P O BOX 802587 CHICAGO, IL 60680-2587 Date(s) debt was incurred ____ Last 4 digits of account number <u>T001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,473.00
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3.562	Nonpriority creditor's name and mailing address FITZHUGH, PEDEN 135 GRADENSIDE DR NUMBER 209 SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number <u>6513</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$856.00
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3.563	Nonpriority creditor's name and mailing address FLANIGAN, SHARON 1030 BANCROFT AVENUE SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$271.00
3.564	Nonpriority creditor's name and mailing address FLATLEY, MICHELLE 2286 FLIBERT STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>1143</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
3.565	Nonpriority creditor's name and mailing address FLETCHER, LEAH 124 BLACKBURN AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number <u>5004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.00
3.566	Nonpriority creditor's name and mailing address FLOOR 9 Attn: Managing Agent P O BOX 73642 CHICAGO, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number <u>G001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,894.00
3.567	Nonpriority creditor's name and mailing address FLORINE, MONTEVERDI 9530 MOONRIDGE TERRACE BEVERLEY HILLS, CA 90210 Date(s) debt was incurred ____ Last 4 digits of account number <u>9986</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.568	Nonpriority creditor's name and mailing address FLYNN, CHRIS& ANDREA 53 LYNNBROOK RD LYNNFIELD, PA 01940-1555 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
3.569	Nonpriority creditor's name and mailing address FOLGER KARTHAUSER, ABIAH 2123 NAUDAIN STREET PHILADELPHIA, PA 19146 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00

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3.570	Nonpriority creditor's name and mailing address FORM AND PHEROMONE Attn: Managing Agent P O BOX 4451 SALEM, OR 97302 Date(s) debt was incurred ____ Last 4 digits of account number <u>E002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$935.00
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3.571	Nonpriority creditor's name and mailing address FORNACIARIAN, SARA 3110 CLAY ST APT 3 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0236</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.00
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3.572	Nonpriority creditor's name and mailing address FORSTER, JESSICA 16141 ESCOBAR AVENUE LOS GATOS, CA 95032 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.573	Nonpriority creditor's name and mailing address FORTESCUE, ERICA 2833 SACRAMENTO ST. SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.574	Nonpriority creditor's name and mailing address FORTUNE, RUTH 235 LA ESPIRAL ORINDA, CA 94563 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.575	Nonpriority creditor's name and mailing address FOSTER, LAURA 482 FILBERT ST. SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.00
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3.576	Nonpriority creditor's name and mailing address FOXLEY, EMILY 1935 S 900 E SALT LAKE CITY, UT 84105 Date(s) debt was incurred ____ Last 4 digits of account number <u>2502</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,075.00

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3.577	Nonpriority creditor's name and mailing address FOY-RUPP, CYNTHIA 2667 SHELTING DRIVE WELLINGTON, FL 33414 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.578	Nonpriority creditor's name and mailing address FRANK ANCONA 179 MAIDEN LN SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>A009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.579	Nonpriority creditor's name and mailing address FRANK MASTOLONI SONS, INC. Attn: Managing Agent 415 MADISON AVE. 22ND FLOOR NEW YORK, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number <u>A010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,085.00
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3.580	Nonpriority creditor's name and mailing address FRANK WHITING 452 S ORANGE GROVE BL PASADENA, CA 91105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$545.00
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3.581	Nonpriority creditor's name and mailing address FRANK, HOLLEY 100 COMMODORE RD. CHAPPAQUA, NY 10514 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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3.582	Nonpriority creditor's name and mailing address FRANKLIN, LAUREN 50 E 79TH ST NEW YORK, NY 10021-0232 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
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3.583	Nonpriority creditor's name and mailing address FRANKLIN, SARAH 72 MONTEAGLE ASSEMBLY MONTEEGALE, TN 38118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.00
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3.584	Nonpriority creditor's name and mailing address FRANSON, ELIZABETH 2407 OCTAVIA APT 8 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>1316</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,413.00
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3.585	Nonpriority creditor's name and mailing address FREEMAN, WILLIAM 1517 NORTHPOINT STREET #516 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.586	Nonpriority creditor's name and mailing address FRENCH ARTIST CLUB Attn: Managing Agent PO BOX 14886 OAKLAND, CA 94614 Date(s) debt was incurred ____ Last 4 digits of account number <u>E006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.00
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3.587	Nonpriority creditor's name and mailing address FRENCH, QUINCI D. 643 BROOKSIDE DR. DANVILLE, CA 94526 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.00
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3.588	Nonpriority creditor's name and mailing address FRESH, INC. Attn: Managing Agent P O BOX 32096 NEW YORK, NY 10087-2096 Date(s) debt was incurred ____ Last 4 digits of account number <u>E009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,021.00
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3.589	Nonpriority creditor's name and mailing address FRIEDES, MICHAEL 1396 PARK AVE EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
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3.590	Nonpriority creditor's name and mailing address FRIEDKIN, AMY 1340 CLAY ST APT 901 SAN FRANCISCO, CA 94109-4189 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.591	Nonpriority creditor's name and mailing address FRITZ, CLAYTON/NATALIA 162 SAVANNAH WAY WINDSOR, CA 95492 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.592	Nonpriority creditor's name and mailing address FRY, GRIFFIN 1246 CUMBERLAND RD NE ATLANTA, GA 30306 Date(s) debt was incurred ____ Last 4 digits of account number <u>8702</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.00
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3.593	Nonpriority creditor's name and mailing address FS HOME Attn: Managing Agent Urkchovenseweg 3 Eindhoven 0, 5641 KA THE NETHERLANDS Date(s) debt was incurred ____ Last 4 digits of account number <u>H001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.00
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3.594	Nonpriority creditor's name and mailing address FU, KELVIN 3226 CANDLE COURT #5 RACINE, WI 53402 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.595	Nonpriority creditor's name and mailing address FUJI MERCHANDISE CORP Attn: Managing Agent 13549 5TH ST CHINO, CA 91710 Date(s) debt was incurred ____ Last 4 digits of account number <u>J001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,290.00
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3.596	Nonpriority creditor's name and mailing address FUNK, ELIZABETH 2760 DIVISADERO ST SAN FRANCISCO, CA 94123-4623 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.00
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3.597	Nonpriority creditor's name and mailing address FUSION Z, INC Attn: Managing Agent 95 WEST MATHESON ST HEALDSBURG, CA 95448 Date(s) debt was incurred ____ Last 4 digits of account number <u>S002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.598	Nonpriority creditor's name and mailing address GABRIELLA KISS P.O. BOX 596 BANGALL, NY 12506 Date(s) debt was incurred ____ Last 4 digits of account number <u>B001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.599	Nonpriority creditor's name and mailing address GABRIELLE DAVIS 3981 25TH STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.00
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3.600	Nonpriority creditor's name and mailing address GABRIELSEN, EVA 2400 PACIFIC AVENUE APT 710 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>1273</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.00
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3.601	Nonpriority creditor's name and mailing address GAIL, MANGANELLO 16846 LEROY AVE LOS GATOS, CA 95032 Date(s) debt was incurred ____ Last 4 digits of account number <u>9870</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.602	Nonpriority creditor's name and mailing address GALLO, MARY E 1716 MAZE BLVD MODESTO, CA 95358-1610 Date(s) debt was incurred ____ Last 4 digits of account number <u>3067</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,720.00
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3.603	Nonpriority creditor's name and mailing address GAMBOA, NATASHA WHITE 1271 WINDERMERE WAY CONCORD, CA 94521-3342 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.604	Nonpriority creditor's name and mailing address GAMBS, LAURA 1935 CLAY ST APT 201 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.605	Nonpriority creditor's name and mailing address GARLINGHOUSE, KATY 479 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.00
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3.606	Nonpriority creditor's name and mailing address GARRETT, MARK & ALISON 100 DEL CASA DR MILL VALLEY, CA 94941-1301 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.607	Nonpriority creditor's name and mailing address GARRISON, MARY 595 BRYSON AVE. PALO ALTO, CA 94306 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.608	Nonpriority creditor's name and mailing address GASSHO BODY AND MIND Attn: Managing Agent P O BOX 910 SARATOGA SPRINGS, NY 12866 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$786.00
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3.609	Nonpriority creditor's name and mailing address GAULT, COURTNEY 615 PARK WAY PIEDMONT, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.00
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3.610	Nonpriority creditor's name and mailing address GAY, VANDERLEEST 1336 EDGEHILL DRIVE BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>0821</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.611	Nonpriority creditor's name and mailing address GAYE H CONDURELIS Attn: Managing Agent 3507 WIMBLEDON RD NASHVILLE, TN 37215 Date(s) debt was incurred ____ Last 4 digits of account number <u>Y003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,415.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.612	Nonpriority creditor's name and mailing address GELB, ALISON 1572 SHRADER STREET SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,824.00
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3.613	Nonpriority creditor's name and mailing address GEMOREX INT'L. INC. Attn: Managing Agent 55 WEST 47TH ST 950 NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>M002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,724.00
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3.614	Nonpriority creditor's name and mailing address GENTILELLO, CRYSTAL 3701 SACRAMENTO ST NUMBER 317 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>1285</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,439.00
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3.615	Nonpriority creditor's name and mailing address GENTRY, LANCE 111 E. 14TH ST. #235 NEW YORK, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.616	Nonpriority creditor's name and mailing address Georg Jensen Inc Attn: Managing Agent 580 Broadway Suite 506 New York, NY 10012 Date(s) debt was incurred ____ Last 4 digits of account number <u>O002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,753.00
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3.617	Nonpriority creditor's name and mailing address GERALYN, HORANECK 605 CANDY COURT ANNAPOLIS, MD 21409 Date(s) debt was incurred ____ Last 4 digits of account number <u>1804</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.618	Nonpriority creditor's name and mailing address Gerard Alan Silva Attn: Managing Agent 307 Adelaide Hills Court San Ramon, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,600.00
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3.619	Nonpriority creditor's name and mailing address GERTZ, STEPHANIE 405 DAVIS COURT APT 708 SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>1289</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.00
3.620	Nonpriority creditor's name and mailing address GETTY, VANESSA 2900 VALLEJO ST SAN FRANCISCO, CA 94123-4619 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
3.621	Nonpriority creditor's name and mailing address GHADA, SKAFF 489 LUCERNE AVENUE TAMPA, FL 33606 Date(s) debt was incurred ____ Last 4 digits of account number <u>8890</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.00
3.622	Nonpriority creditor's name and mailing address GHILOTTI, MICHELLE 1417 NE STANTON ST PORTLAND, OR 97212-3207 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
3.623	Nonpriority creditor's name and mailing address GHOLAMI, SHAHRAM 2550 SAMARITAN DR STE D SAN JOSE, CA 95124-4104 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
3.624	Nonpriority creditor's name and mailing address GIEN Attn: Managing Agent DEPT LA 23906 PASADENA, CA 91185-3906 Date(s) debt was incurred ____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$978.00
3.625	Nonpriority creditor's name and mailing address GILLIAM, KATHRINE 1256 28TH AVENUE SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00

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3.626	Nonpriority creditor's name and mailing address GILMARTIN, DANIELLA 932 LAUREL AVENUE SAN MATEO, CA 94401 Date(s) debt was incurred _____ Last 4 digits of account number <u>0454</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$534.00
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3.627	Nonpriority creditor's name and mailing address GIMLAN, JACLYN 100 LASUEN COURT LOS GATOS, CA 95032 Date(s) debt was incurred _____ Last 4 digits of account number <u>1297</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,045.00
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3.628	Nonpriority creditor's name and mailing address GIVENS, KATIE 3131 DIVISADERO ST SAN FRANCISCO, CA 94123-3203 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.629	Nonpriority creditor's name and mailing address GLASSWARE ART STUDIO Attn: Managing Agent SAALGASSE 22.D-6031 FRANKFURT 0, 60311 DEU Date(s) debt was incurred _____ Last 4 digits of account number <u>N005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.00
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3.630	Nonpriority creditor's name and mailing address GLAZER, DANA 209 REDWOOD SHORES PKWY REDWOOD CITY, CA 94065 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.631	Nonpriority creditor's name and mailing address GLOBAL VIEWS Attn: Managing Agent PO BOX 11527 FORT WORTH, TX 76110 Date(s) debt was incurred _____ Last 4 digits of account number <u>0003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$777.00
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3.632	Nonpriority creditor's name and mailing address GLYNN, BETSY 3032 LOCKE LANE HOUSTON, TX 77019 Date(s) debt was incurred _____ Last 4 digits of account number <u>8087</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
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Debtor Gump's Corp. Name		Case number (if known) 18-14684-leb	
3.633	Nonpriority creditor's name and mailing address GOD MADE ME FUNKY L.L.C. Attn: Managing Agent 609 METAIRIE ROAD #153 METAIRIE, LA 70005 Date(s) debt was incurred _____ Last 4 digits of account number D004	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$443.00
3.634	Nonpriority creditor's name and mailing address GODIN, JAIME 455 COLE STREET APT. 2 SAN FRANCISCO, CA 94117 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
3.635	Nonpriority creditor's name and mailing address GODINGER SILVER CO Attn: Managing Agent 63-15 TRAFFIC AVE RIDGEWOOD, NY 11385 Date(s) debt was incurred _____ Last 4 digits of account number D002	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$238.00
3.636	Nonpriority creditor's name and mailing address GOIN, JAMIE 833 NORTH EDINBURGH AVE LOS ANGELES, CA 90046 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.637	Nonpriority creditor's name and mailing address GOLANDAM, SAFFARI 2458 LAKERIDGE SORES EAST RENO, NV 89519 Date(s) debt was incurred _____ Last 4 digits of account number 6054	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.00
3.638	Nonpriority creditor's name and mailing address GOLBUS, JENNIFER GOULD 6 GRATTAN SAN FRANCISCO, CA 94117 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.639	Nonpriority creditor's name and mailing address GOLD, DANIELLE 38 LUSK STREET APT 3 SAN FRANCISCO, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number 4838	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$342.00

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3.640	Nonpriority creditor's name and mailing address GOLDBERG GANES, DANA 950 DUNCAN STREET UNIT 204E SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number <u>4393</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286.00
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3.641	Nonpriority creditor's name and mailing address Golden M Co., Ltd Attn: Managing Agent 338 Mahesak Soi 1, Suriyawong, Bangrak Bangkok 0, 0 THA Date(s) debt was incurred ____ Last 4 digits of account number <u>L008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,162.00
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3.642	Nonpriority creditor's name and mailing address GOLDMAN, DARREN 2460 LARKIN ST. #10 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>9132</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.643	Nonpriority creditor's name and mailing address GOLDSTEIN, DORIAN 2068 3RD ST APT 7 SAN FRANCISCO, CA 94107-4311 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
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3.644	Nonpriority creditor's name and mailing address GOLDSTEIN-BREYER, KATE 48 DOUGLASS STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$345.00
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3.645	Nonpriority creditor's name and mailing address GOLNAZ, MOZAFFARIAN 94 MT TIBURON ROAD TIBURON, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>7706</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.646	Nonpriority creditor's name and mailing address GOODMAN FACTORS, FBO CIAO MILANO Attn: Managing Agent P O BOX 29647 DALLAS, TX 75229 Date(s) debt was incurred ____ Last 4 digits of account number <u>O005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,222.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.647	Nonpriority creditor's name and mailing address GOODPASTURE, ROBIN 2501 M.ST.NW APT.710 WASHINGTON, DC 20037 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.00
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3.648	Nonpriority creditor's name and mailing address GOODTASTE LLC, D/B/A OLD NEWBURY CRAFT Attn: Managing Agent P.O. BOX 196 AMESBURY, MA 01913 Date(s) debt was incurred ____ Last 4 digits of account number <u>0003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,008.00
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3.649	Nonpriority creditor's name and mailing address GOODWILL, SIDNEY AND SUSAN 160 HACIENDA DR TIBURON, CA 94920-1126 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.00
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3.650	Nonpriority creditor's name and mailing address GOTTLIEB, PETER 3910 N 28TH STREET APT 401 TACOMA, WA 98407 Date(s) debt was incurred ____ Last 4 digits of account number <u>2334</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.00
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3.651	Nonpriority creditor's name and mailing address GOULD, ERICA 16 CLIPPING TREE LN COCKEYSVILLE, MD 21030-1104 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.00
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3.652	Nonpriority creditor's name and mailing address GRACE CHUANG, INC Attn: Managing Agent 261 WEST 35TH ST 802 NEW YORK, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,944.00
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3.653	Nonpriority creditor's name and mailing address GRACE, JUDY & FRANK 2711 PACIFIC AVE. SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.654	Nonpriority creditor's name and mailing address GRACE, LEE 2881 MERIDIABN AVENUE #119 SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number <u>2252</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.655	Nonpriority creditor's name and mailing address GRANT IRISH Attn: Managing Agent P. O. BOX 23752 OAKLAND, CA 94623 Date(s) debt was incurred ____ Last 4 digits of account number <u>A003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,360.00
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3.656	Nonpriority creditor's name and mailing address GRAPHIC IMAGE Attn: Managing Agent 305 SPAGNOLI ROAD MELVILLE, NY 11747-3506 Date(s) debt was incurred ____ Last 4 digits of account number <u>A006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,657.00
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3.657	Nonpriority creditor's name and mailing address GRAUMANN, ASHLEY 3723 JEFFERSON COURT REDWOOD CITY, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number <u>7607</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.00
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3.658	Nonpriority creditor's name and mailing address GRAY, PETER 1372 PINE ST #302 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.659	Nonpriority creditor's name and mailing address GREEN, ALISON 999 GREEN STREET APT 2105 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>5526</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,330.00
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3.660	Nonpriority creditor's name and mailing address GREEN, ELIZABETH 151 EDWARDS AVE SAUSALITO, CA 94965-2515 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.661	Nonpriority creditor's name and mailing address GREENBERG, JULIA 1760 JACKSON STREET SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>8705</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$277.00
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3.662	Nonpriority creditor's name and mailing address GREENBERG, LILY 1 LETTERMAN DRIVE BUILDING C - FRANCISCO SAN FRANCISCO, CA 94129 Date(s) debt was incurred ____ Last 4 digits of account number <u>3848</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.00
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3.663	Nonpriority creditor's name and mailing address GREENE, BIZIA 777 BISHOPS LODGE ROAD SANTA FE, NM 87501 Date(s) debt was incurred ____ Last 4 digits of account number <u>3519</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.664	Nonpriority creditor's name and mailing address GREENTREE CANDLE CO Attn: Managing Agent 22 PROSPECT ST DELHI, NY 13753 Date(s) debt was incurred ____ Last 4 digits of account number <u>E002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.00
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3.665	Nonpriority creditor's name and mailing address GREENWOOD, ELENi 3485 WASHINGTON STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>1253</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,696.00
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3.666	Nonpriority creditor's name and mailing address GREGORY, WILLIAMS 10 PINEHURST LANE NEWPORT BEACH, CA 92660 Date(s) debt was incurred ____ Last 4 digits of account number <u>1507</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.667	Nonpriority creditor's name and mailing address Grestel, Produtos Cer micos S.A. Attn: Managing Agent Zona Industrial de Vagos - Lote 78 3840 385 VAGOS 0, 0 PRT Date(s) debt was incurred ____ Last 4 digits of account number <u>E005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,118.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.668	Nonpriority creditor's name and mailing address GRETCHEN, MADDOX 7 CORRAL RUN CARMEL, CA 93923 Date(s) debt was incurred ____ Last 4 digits of account number <u>3011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.00
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3.669	Nonpriority creditor's name and mailing address GRIFFIN, ASHLEY 538 B SIMMONS LOOP SAN FRANCISCO, CA 94129 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.00
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3.670	Nonpriority creditor's name and mailing address GRIMM, MELISSA 2100 GREEN STREET #204 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>2014</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.671	Nonpriority creditor's name and mailing address GRODY, ERIN 1998 BROADWAY APT 806 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>3129</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.00
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3.672	Nonpriority creditor's name and mailing address GROENINGER, ANGELA 1900 BEACH ST APT 302 SAN FRANCISCO, CA 94123-1548 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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3.673	Nonpriority creditor's name and mailing address GRONER, BRIAN 341 UNION ST. SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.674	Nonpriority creditor's name and mailing address GROSSLIGHT, ALI 1998 BROADWAY STREET #606 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.675	Nonpriority creditor's name and mailing address GROSSMAN, EMILY 6 MEADOWS LANE OCEAN, NJ 07712 Date(s) debt was incurred ____ Last 4 digits of account number <u>9070</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$644.00
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3.676	Nonpriority creditor's name and mailing address GRUBBS, PEYTON 304 WALNUT ST APT 3 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>8272</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,593.00
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3.677	Nonpriority creditor's name and mailing address GRUBBS, ROCHELLE 28108 SPRUCE DR CONIFER, CO 80433-5311 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.678	Nonpriority creditor's name and mailing address GRUBER, ELIZABETH 250 W 85TH STREET 9C NEW YORK, NY 10024 Date(s) debt was incurred ____ Last 4 digits of account number <u>2321</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258.00
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3.679	Nonpriority creditor's name and mailing address GUDEBSKI, JENN 3331 WADSWORTH LN PORTAGE, MI 49024-7400 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.680	Nonpriority creditor's name and mailing address GUDRUN LANGNER Attn: Managing Agent 2237 CHESTNUT ST SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,380.00
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3.681	Nonpriority creditor's name and mailing address GUMINA, ELENA 1210 OAK GROVE AVE NUMBER 3 BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.682	Nonpriority creditor's name and mailing address GUMPS 135 POST ST SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>8060</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
<hr/>			
3.683	Nonpriority creditor's name and mailing address GUSTAV CAESAR GmbH Attn: Managing Agent AUF DER LUEH 2 KIRSCHWEILER IDAR-OBERSSTEIN 0, 55743 DEU Date(s) debt was incurred ____ Last 4 digits of account number <u>S002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
<hr/>			
3.684	Nonpriority creditor's name and mailing address HAAS, AMANDA & RAYMOND 1800 CALISTOGA ROAD SANTA ROSA, CA 95404 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
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3.685	Nonpriority creditor's name and mailing address HACHETTE BOOK GROUP Attn: Managing Agent FBO HARRY ABRAMS INC. P O BOX 8828 / JFK STATION BOSTON, MA 02114-8828 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,440.00
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3.686	Nonpriority creditor's name and mailing address HACKER, CAROLYN 70 MARINA BLVD SAN RAFAEL, CA 94901 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.00
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3.687	Nonpriority creditor's name and mailing address HAFNER, JANET 323 BERSFORD AVE REDWOOD CITY, CA 94061 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
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3.688	Nonpriority creditor's name and mailing address HAGEN, DAVID 302A WEST 12TH ST. #258 NEW YORK, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00

Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.689	Nonpriority creditor's name and mailing address HAJJAR, MARILYN 3045 BLUE SKY CT HIDDENBROOK, CA 94591 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.690	Nonpriority creditor's name and mailing address HALCYON DAYS LTD Attn: Managing Agent P O BOX 66599 CHICAGO AMF, IL 60666 Date(s) debt was incurred ____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$894.00
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3.691	Nonpriority creditor's name and mailing address HALJUN, ALISON 127 MAYWOOD DR SAN FRANCISCO, CA 94127-2039 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.00
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3.692	Nonpriority creditor's name and mailing address HALL, SUSIE 117 3RD STREET SAN FRANCISCO, CA 94965 Date(s) debt was incurred ____ Last 4 digits of account number <u>5791</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,496.00
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3.693	Nonpriority creditor's name and mailing address HALO HOME Attn: Managing Agent 4406 UNIVERSITY BLVD DALLAS, TX 75205 Date(s) debt was incurred ____ Last 4 digits of account number <u>U017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,814.00
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3.694	Nonpriority creditor's name and mailing address HAMELS, JILLIAN 1770 FILBERT STREET APT D SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>2452</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,766.00
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3.695	Nonpriority creditor's name and mailing address HAMMOND, LINDSEY & JOSH 3560 OAKLEY AVE MEMPHIS, TN 38111 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.696	Nonpriority creditor's name and mailing address HANDLER, REBECCA 800 PACHECO ST SAN FRANCISCO, CA 94116-1351 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.697	Nonpriority creditor's name and mailing address HANDY-LESHER, KATE 1338 FILBERT ST APT 8 SAN FRANCISCO, CA 94109-1734 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
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3.698	Nonpriority creditor's name and mailing address HANKOOK CHINAWARE NEW YORK INC Attn: Managing Agent 37-24 24TH ST STE 105 LONG ISLAND, NY 11101 Date(s) debt was incurred ____ Last 4 digits of account number <u>N016</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$804.00
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3.699	Nonpriority creditor's name and mailing address HANSEN, ALICE 55 GYPSY LN. BERKELEY, CA 94705 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.700	Nonpriority creditor's name and mailing address HANSON, SARAH 119 WASHINGTON PLACE 16 NEW YORK, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number <u>6788</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,778.00
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3.701	Nonpriority creditor's name and mailing address HARBOR ENGRAVING, INC. Attn: Managing Agent 201 EAST 17TH STREET - SUITE#12-A NEW YORK, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,504.00
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3.702	Nonpriority creditor's name and mailing address HARBOUR, LINDA 1187 COAST VILLAGE RD STE 1 SANTA BARBARA, CA 93108-2761 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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3.703	Nonpriority creditor's name and mailing address HARDIN, HOWARD 8228 MIRAMAR RD SAN DIEGO, CA 92126 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.00
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3.704	Nonpriority creditor's name and mailing address HARDING, LAURA 1250 FRANCISCO STREET APT 3 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>2659</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.00
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3.705	Nonpriority creditor's name and mailing address HARDING, MEREDITH 213 VILLA GARDEN DRIVE APT C MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>2847</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$504.00
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3.706	Nonpriority creditor's name and mailing address HAROLD, WATKIN 810 DOLORES ST. SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>2358</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.707	Nonpriority creditor's name and mailing address HAROLDS, JAMES 1160 GLEN AULIN COURT CARMICHAEL, CA 95608 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.00
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3.708	Nonpriority creditor's name and mailing address HARRIS RUDOLPH, REBECCA M. 377 SANTA CLARA AVENUE NO. 206 OAKLAND, CA 94610 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.00
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3.709	Nonpriority creditor's name and mailing address HARRIS, ALICE 1353 92ND. AVE NE CLYDE HILL, WA 98004 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.710	Nonpriority creditor's name and mailing address HART, FLORENCE 5019 LINNEAN AVE NW WASHINGTON, DC 20008-2042 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.711	Nonpriority creditor's name and mailing address HARTANOV, CIELA 1327 BAY STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>7036</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.00
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3.712	Nonpriority creditor's name and mailing address HARTER, LAURA & COLIN 3419 SCOTT STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.00
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3.713	Nonpriority creditor's name and mailing address HASLEY, PHOEBE 752 LONGRIDGE ROAD OAKLAND, CA 94610 Date(s) debt was incurred ____ Last 4 digits of account number <u>0201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,099.00
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3.714	Nonpriority creditor's name and mailing address HASSEN, LINDSEY 901 PACIFIC AVENUE MANHATTAN BEACH, CA 90266 Date(s) debt was incurred ____ Last 4 digits of account number <u>9661</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$972.00
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3.715	Nonpriority creditor's name and mailing address HATSUKO, BROMAN 381 RIVIERA DRIVE SAN RAFAEL, CA 94901 Date(s) debt was incurred ____ Last 4 digits of account number <u>7110</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.716	Nonpriority creditor's name and mailing address HAUCK, CHARLES 718 OAK GROVE AVENUE #2 MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$689.00
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3.717	Nonpriority creditor's name and mailing address HAVILAND Attn: Managing Agent 368 PASSAIC AVE FAIRFILED, NJ 07004 Date(s) debt was incurred _____ Last 4 digits of account number <u>U002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.718	Nonpriority creditor's name and mailing address HAWKINS, MEGAN 1640 BAY STREET 201 SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>5650</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,553.00
3.719	Nonpriority creditor's name and mailing address HAYES, JUDITH 2 TOWNSEND ST. # 2804 SAN FRANCISCO, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.720	Nonpriority creditor's name and mailing address HAYES, TIM 26462 HONOR LANE SALINAS, CA 93908 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.721	Nonpriority creditor's name and mailing address HAYNES, SHANIE 1085 VIA MEDIA LAFAYETTE, CA 94549 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.722	Nonpriority creditor's name and mailing address HAYWARD, CAROLINE 1275 GREENWICH STREET NO, 202 SAN FRANCISCO, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number <u>2751</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,028.00
3.723	Nonpriority creditor's name and mailing address HEALY, EILEEN 1441 FOX LANE HINDSDALE, IL 60521 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.00

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3.724	Nonpriority creditor's name and mailing address HEALY, MEGAN 2813 VILLAGE SIDE DR SANTA ROSA, CA 95405-6846 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.725	Nonpriority creditor's name and mailing address HEARLEY, MARIA 28 SPANISH BAY CIR PEBBLE BEACH, CA 93953 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.726	Nonpriority creditor's name and mailing address HEARN, REGGIO 1819 POLK STREET NO. 442 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.00
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3.727	Nonpriority creditor's name and mailing address HECKMAN, JESSICA 1801 BROADWAY APT 601 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>1566</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,645.00
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3.728	Nonpriority creditor's name and mailing address HEDDEN, DANIELLE 239 BRANNAN UNIT 2E SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>1877</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,316.00
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3.729	Nonpriority creditor's name and mailing address HEDDEN, LISA 10 WILLOW COURT HILLSBOROUGH, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>4782</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,566.00
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3.730	Nonpriority creditor's name and mailing address HEIRLOOM ENGRAVERS Attn: Managing Agent 150 POST ST SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>I003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,974.00
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3.731	Nonpriority creditor's name and mailing address HELDFOND, MARGI 3737 CLAY ST. SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
<hr/>			
3.732	Nonpriority creditor's name and mailing address HELDFOND, MARGUREITTE 2811 BUSH ST SAN FRANCISCO, CA 94115-2904 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
<hr/>			
3.733	Nonpriority creditor's name and mailing address HELEN RAISER 2256 HYDE ST SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.00
<hr/>			
3.734	Nonpriority creditor's name and mailing address HEMANT THAPAR 425 1ST STREET APT 2904 SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
<hr/>			
3.735	Nonpriority creditor's name and mailing address HEMELBERG, DAYANA 2547 TURK BLVD SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>3335</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,462.00
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3.736	Nonpriority creditor's name and mailing address HEPPER, KYLIE 156 GRATTAN ST. SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>8844</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.00
<hr/>			
3.737	Nonpriority creditor's name and mailing address HERCO Attn: Managing Agent 833 MARKET ST 10TH FL SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>R003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,702.00

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3.738	Nonpriority creditor's name and mailing address HERLING, LINDSAY W 3699 CLAY STREET #1 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>2406</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.00
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3.739	Nonpriority creditor's name and mailing address HERMES OF PARIS INC, FBO PUIFORCAT Attn: Managing Agent P O BOX 347817 PITTSBURGH, PA 15251-4817 Date(s) debt was incurred ____ Last 4 digits of account number <u>R007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,518.00
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3.740	Nonpriority creditor's name and mailing address HERNDON, NINA 910 TIOGA AVE. MILLBRAE, CA 94030 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
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3.741	Nonpriority creditor's name and mailing address HERNING, PATRICK 8417 FOUNTAIN AVE WEST HOLLYWOOD, CA 90069-2554 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
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3.742	Nonpriority creditor's name and mailing address HERRICK, TRICIA TURNER 1504 PORTOLA PALO ALTO, CA 94301 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.743	Nonpriority creditor's name and mailing address HESTER & COOK DESIGN GROUP INC Attn: Managing Agent 2728 EUGENIA AVE STE 106 NASHVILLE, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,356.00
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3.744	Nonpriority creditor's name and mailing address HICKEY, KATIE 3919 NORTHAMPTON RD DURHAM, NC 27707-5066 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
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3.745	Nonpriority creditor's name and mailing address HICKMAN, SARAH 601 4TH STREET UNIT 109 SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>1896</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,440.00
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3.746	Nonpriority creditor's name and mailing address HICKORY CHAIR COMPANY Attn: Managing Agent P O BOX 2147 HICKORY, NC 28602 Date(s) debt was incurred ____ Last 4 digits of account number <u>C003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,099.00
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3.747	Nonpriority creditor's name and mailing address HICKS, MATT 625 GRAND AVENUE SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>7366</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.748	Nonpriority creditor's name and mailing address HIGGS, SABRINA BEDOUK 1977 PACIFIC AVE SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.00
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3.749	Nonpriority creditor's name and mailing address HILARY STONE 1515 15TH STREET APT 410 SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$699.00
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3.750	Nonpriority creditor's name and mailing address HILARY, MATTIS 612 HAIGHT STRET SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>1968</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.751	Nonpriority creditor's name and mailing address HILLER, CARRIE 35 GRANDVIEW PLACE WALNUT CREEK, CA 94595 Date(s) debt was incurred ____ Last 4 digits of account number <u>0920</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,122.00
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3.752	Nonpriority creditor's name and mailing address HILLMAN, BECCA 2186 VALLEJO ST.#3 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>8995</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,481.00
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3.753	Nonpriority creditor's name and mailing address HIMELSTEIN, LINDA 984 REMILARD LANE HILLSBOROUGH, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
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3.754	Nonpriority creditor's name and mailing address HIMMELHOCH, RACHEL 9 E. 75TH ST. # 2C NEW YORK, NY 10021 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.755	Nonpriority creditor's name and mailing address HIRSHFIELD, LAUREN 527 ALVARADO STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$351.00
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3.756	Nonpriority creditor's name and mailing address HO'S MANDARIN IMP & EXP. INC Attn: Managing Agent 15362 VALLEY BLVD INDUSTRY, CA 91746 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,498.00
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3.757	Nonpriority creditor's name and mailing address HOBBS, ELLEN 121 16TH AVENUE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.00
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3.758	Nonpriority creditor's name and mailing address HOCHSTRASSER, VIANNA 41820 SKYWOOD DRIVE TEMECULA, CA 92591 Date(s) debt was incurred ____ Last 4 digits of account number <u>3570</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,411.00
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<small>Name</small>		

3.759	Nonpriority creditor's name and mailing address HOEVELER, WENDY CHARLES 6 NORWOOD AVENUE ROSS, CA 94957 Date(s) debt was incurred ____ Last 4 digits of account number <u>4856</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,892.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.760	Nonpriority creditor's name and mailing address HOFFMAN, JOSHUA & KATIE 555 CALIFORNIA ST. STE.4700 SAN FRANCISCO, CA 94104 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$111.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.761	Nonpriority creditor's name and mailing address HOGAN, NANCY 3750 24TH STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>6625</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.762	Nonpriority creditor's name and mailing address HOLDER, JORDAN 1438 GREEN STREET UNIT 3B SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>4922</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$251.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.763	Nonpriority creditor's name and mailing address HOLDER, LAURA 254 PARK AVE SOUTH APT 7K NEW YORK, NY 10010 Date(s) debt was incurred ____ Last 4 digits of account number <u>4239</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$149.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.764	Nonpriority creditor's name and mailing address HOLLY HULBURD 375 ALABAMA ST STE 240 SAN FRANCISCO, CA 94110-1370 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$137.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.765	Nonpriority creditor's name and mailing address HOLMAN, MARIANNA 41 SHELL ROAD MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>8151</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,895.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.766	Nonpriority creditor's name and mailing address HOMART Attn: Managing Agent 15041-A BAKE PKWY IRVINE, CA 92618 Date(s) debt was incurred _____ Last 4 digits of account number <u>M001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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3.767	Nonpriority creditor's name and mailing address HOME DEPOT CREDIT SERVICES Attn: Managing Agent DEPT 32 2001275274 P O BOX 9001030 LOUISVILLE, KY 40290 Date(s) debt was incurred _____ Last 4 digits of account number <u>M003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.00
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3.768	Nonpriority creditor's name and mailing address HONG'S GEM CUTTERS Attn: Managing Agent 210 POST ST RM403 SAN FRANCISCO, CA 94108 Date(s) debt was incurred _____ Last 4 digits of account number <u>N002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255.00
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3.769	Nonpriority creditor's name and mailing address HONG, ANGELA 6532 GRAYSTONE MEADOW CL SAN JOSE, CA 95120 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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3.770	Nonpriority creditor's name and mailing address HONOLULU COMPANY DISTRIBUTORS, LTD Attn: Managing Agent 50 S BERETANIA ST STE 205C HONOLULU, HI 96813 Date(s) debt was incurred _____ Last 4 digits of account number <u>N006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,450.00
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3.771	Nonpriority creditor's name and mailing address HOOKER, JENNIE 20 NELSON AVE MILL VALLEY, CA 94941 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.772	Nonpriority creditor's name and mailing address HOSSFELD, LUCIA 1250 LOMA VISTA DRIVE NAPA, CA 94558 Date(s) debt was incurred _____ Last 4 digits of account number <u>4303</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$328.00
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3.773	Nonpriority creditor's name and mailing address HOTALING IMPORTS Attn: Managing Agent 102 EAST SENECA STREET - SUITE 310 SHERRILL, NY 13461 Date(s) debt was incurred _____ Last 4 digits of account number T001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$691.00
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3.774	Nonpriority creditor's name and mailing address HOVE, TERRY 206 LARKSPUR PLAZA DR LARKSPUR, CA 94939-1423 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.775	Nonpriority creditor's name and mailing address HOWELL, SARAH/ANDREW 875 CHAMBERLAIN CT MILL VALLEY, CA 94941-3717 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.776	Nonpriority creditor's name and mailing address HUBBARD, JORDAN 13532 ASHWORTH AVE N SEATTLE, WA 98133 Date(s) debt was incurred _____ Last 4 digits of account number 9430	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,248.00
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3.777	Nonpriority creditor's name and mailing address HUBER, KATHY 140 SAN PABLO AVE. SAN FRANCISCO, CA 94127 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.00
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3.778	Nonpriority creditor's name and mailing address HUDSON, KARLA 5682 TACONIC CT SAN JOSE, CA 95123 Date(s) debt was incurred _____ Last 4 digits of account number 0914	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.00
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3.779	Nonpriority creditor's name and mailing address HUDSON, LEE 5398 HIGHWAY 121 NAPA, CA 94559 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.00
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3.780	Nonpriority creditor's name and mailing address HUNNEWELL, MADELINE 1895 PACIFIC AVE APT 102 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>2326</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.00
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3.781	Nonpriority creditor's name and mailing address HUNTER, TSCHARNER 3757 WEBSTER STREET - APT 203 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>3182</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,336.00
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3.782	Nonpriority creditor's name and mailing address HUYNH, LUNDA 2841 RAGATTA DR OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.00
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3.783	Nonpriority creditor's name and mailing address HYLAND, CASSANDRA 2323 BUSH STREET SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>1544</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,911.00
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3.784	Nonpriority creditor's name and mailing address IANNUCCILLO, TARA 2121 SACRAMENTO ST. #504 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.785	Nonpriority creditor's name and mailing address IITTALA Attn: Managing Agent P O BOX 802587 CHICAGO, IL 60680-2587 Date(s) debt was incurred ____ Last 4 digits of account number <u>T001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
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3.786	Nonpriority creditor's name and mailing address IN2GREEN, LLC Attn: Managing Agent 14 BELLAIR DR HASTINGS ON HUDSON, NY 10706 Date(s) debt was incurred ____ Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,114.00
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3.787	Nonpriority creditor's name and mailing address INDIA'S HERITAGE INC Attn: Managing Agent 301 PENHORN AVE STE 6 SECAUCUS, NJ 07094 Date(s) debt was incurred _____ Last 4 digits of account number <u>D012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
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3.788	Nonpriority creditor's name and mailing address INGE'S CHRISTMAS DECOR GMBH GERMANY Attn: Managing Agent 7505-29TH ST EAST CANNON FALLS, MN 55009 Date(s) debt was incurred _____ Last 4 digits of account number <u>G002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,516.00
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3.789	Nonpriority creditor's name and mailing address INGRAM PUBLISHER SERVICES INC Attn: Managing Agent 210 AMERICAN DRIVE JACKSON, TN 38301 Date(s) debt was incurred _____ Last 4 digits of account number <u>G004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,642.00
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3.790	Nonpriority creditor's name and mailing address INTERLUDE HOME Attn: Managing Agent 25 TREFOIL DR TRUMBULL, CT 06611 Date(s) debt was incurred _____ Last 4 digits of account number <u>T013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,605.00
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3.791	Nonpriority creditor's name and mailing address INTERMEDIA.NET INC Attn: Managing Agent P O BOX 398897 SAN FRANCISCO, CA 94139-8897 Date(s) debt was incurred _____ Last 4 digits of account number <u>T022</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,779.00
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3.792	Nonpriority creditor's name and mailing address INTERNAP NETWORK SERVICES Attn: Managing Agent DEPT 0526 - PO BOX 120526 DALLAS, TX 75312-0526 Date(s) debt was incurred _____ Last 4 digits of account number <u>T005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$937.00
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3.793	Nonpriority creditor's name and mailing address IPFS CORPORATION Attn: Managing Agent 24722 NETWORK PLACE CHICAGO, IL 60673-1247 Date(s) debt was incurred _____ Last 4 digits of account number <u>F001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,780.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.794	Nonpriority creditor's name and mailing address IPPOLITO, SARAH 891 S. HOPPER ROAD MODESTO, CA 95357 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$840.00
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3.795	Nonpriority creditor's name and mailing address IRENE, LINDBECK TIBBITS 386 CHEST NUT SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0808</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.796	Nonpriority creditor's name and mailing address IRON MOUNTAIN Attn: Managing Agent OFF-SITE DATA PROTECTION P O BOX 601002 PASADENA, CA 91189-1002 Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,623.00
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3.797	Nonpriority creditor's name and mailing address ISACKSON, BARBARA 703 MARKET ST SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
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3.798	Nonpriority creditor's name and mailing address ISRAEL, ALISON 1774 UNION ST SAN FRANCISCO, CA 94123-4407 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.799	Nonpriority creditor's name and mailing address ISSEY MIYAKE USA CORP Attn: Managing Agent 119 HUDSON ST NEW YORK, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,226.00
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3.800	Nonpriority creditor's name and mailing address J & J VENDING INC Attn: Managing Agent 33500 WESTERN AVE UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number <u>V001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$387.00
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3.801	Nonpriority creditor's name and mailing address J G COLLECTION Attn: Managing Agent 82 ROTTECK ST SAN FRANCISCO, CA 94112 Date(s) debt was incurred _____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,655.00
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3.802	Nonpriority creditor's name and mailing address J. STELLA Attn: Managing Agent 126 POST ST. 616 SAN FRANCISCO, CA 94108 Date(s) debt was incurred _____ Last 4 digits of account number <u>T001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,856.00
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3.803	Nonpriority creditor's name and mailing address JABER, EDWARD J 1216 REGENT ST APT ALAMEDA, CA 94501 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.804	Nonpriority creditor's name and mailing address JACK RUDY COCKTAIL CO. Attn: Managing Agent 164 MARKET ST., SUITE 189 CHARLESTON, SC 29401 Date(s) debt was incurred _____ Last 4 digits of account number <u>C017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$870.00
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3.805	Nonpriority creditor's name and mailing address JACKSON, DAPHNE 424 LAVERNE AVE MILL VALLEY, CA 94941 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.00
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3.806	Nonpriority creditor's name and mailing address JACKSON, SHANNON 1835 VALLEJO STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>1409</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.807	Nonpriority creditor's name and mailing address JACOB, SORENSEN 1281 VALLEJO ST #4 SAN FRANCISCO, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number <u>3513</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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3.808	Nonpriority creditor's name and mailing address JACOBSON, HOLLY 117 GREENWICH ST SAN FRANCISCO, CA 94111-1105 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
<hr/>			
3.809	Nonpriority creditor's name and mailing address JACQUELINE BARKETT 875 10TH STREET NW APT 1004 WASHINGTON, DC 20001 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,390.00
<hr/>			
3.810	Nonpriority creditor's name and mailing address JACQUELYN MCNAUGHTON 210 ALMOND DRIVE WINTERS, CA 95694 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.00
<hr/>			
3.811	Nonpriority creditor's name and mailing address JADE WEST CORPORATION Attn: Managing Agent 908 PEACE PORTAL DR BLAINE, WA 98230 Date(s) debt was incurred _____ Last 4 digits of account number <u>D002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,280.00
<hr/>			
3.812	Nonpriority creditor's name and mailing address JAMES ALGER Attn: Managing Agent P O BOX 10185 BEDFORD, NH 03110 Date(s) debt was incurred _____ Last 4 digits of account number <u>M011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,577.00
<hr/>			
3.813	Nonpriority creditor's name and mailing address JAMES AND BARBARA, GADDIS 2425 WEST WHITE PINE LANE PARK CITY, CA 94060 Date(s) debt was incurred _____ Last 4 digits of account number <u>4471</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
<hr/>			
3.814	Nonpriority creditor's name and mailing address JAMES AND LISA TAYLOR 2953 ASHBY AVENUE BERKELEY, CA 94705 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.00

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3.815	Nonpriority creditor's name and mailing address JAMES BEAM 2247 QUEENSBOROUGH LANE BEL AIR, CA 90077 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,137.00
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3.816	Nonpriority creditor's name and mailing address JAMES COLLIER 1250 MIRA MAR AVE - NUMBER 4209 MEDFORD, OR 97504-2502 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,327.00
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3.817	Nonpriority creditor's name and mailing address JAMES, CHAPMAN 149 CORTE RAMONE GREENBRAE, CA 94904 Date(s) debt was incurred ____ Last 4 digits of account number <u>7745</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.818	Nonpriority creditor's name and mailing address JAMES, SICKLES 226 GALWAY BAY ALAMEDA, CA 94502 Date(s) debt was incurred ____ Last 4 digits of account number <u>3140</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
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3.819	Nonpriority creditor's name and mailing address JAMES, WOOD 8 MOSSWOOD RD. BERKELEY, CA 94704 Date(s) debt was incurred ____ Last 4 digits of account number <u>1960</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.820	Nonpriority creditor's name and mailing address JAMIE YOUNG CO. Attn: Managing Agent 331 WEST VICTORIA ST GARDENA, CA 90248 Date(s) debt was incurred ____ Last 4 digits of account number <u>M010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510.00
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3.821	Nonpriority creditor's name and mailing address JAMIE, SCHULTZ 629 NORTH VILLA WAY WALNUT CREEK, CA 94595 Date(s) debt was incurred ____ Last 4 digits of account number <u>7914</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.822	Nonpriority creditor's name and mailing address JANE OCCHIALINI 1198 CLARK WAY SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,603.00
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3.823	Nonpriority creditor's name and mailing address JANE POST Attn: Managing Agent 240 W37TH ST NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number <u>D004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,610.00
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3.824	Nonpriority creditor's name and mailing address JANE, WOODALL 1990 OAKDELL DRIVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number <u>2659</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.00
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3.825	Nonpriority creditor's name and mailing address JANET, EVANS 17 E SIR FRANCES DRAKE BLVD LARKSPUR, CA 94939 Date(s) debt was incurred ____ Last 4 digits of account number <u>0715</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.826	Nonpriority creditor's name and mailing address JANINE CHERNIPESKI 425 FIRST STREET - SPT 4408 SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.00
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3.827	Nonpriority creditor's name and mailing address Jansen, Suender & Co. Attn: Managing Agent SAALGASSE 22.D-6031 FRANKFURT 0, 60311 DEU Date(s) debt was incurred ____ Last 4 digits of account number <u>N005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.00
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3.828	Nonpriority creditor's name and mailing address JARED, KATZMAN 275 TELEGRAPH HILL BLVD #1 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>4713</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.829	Nonpriority creditor's name and mailing address JARIN K Attn: Managing Agent 20 WEST 37TH ST 2ND FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number <u>R003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.830	Nonpriority creditor's name and mailing address JDA SOFTWARE INC Attn: Managing Agent P O BOX 202621 DALLAS, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,277.00
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3.831	Nonpriority creditor's name and mailing address JEAN, WISECARVER 3023 HILLSIDE DR BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>6882</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.832	Nonpriority creditor's name and mailing address JEANIE, URBAN 288 RIVER WALK LN EAST WALPOLE, MA 02032 Date(s) debt was incurred ____ Last 4 digits of account number <u>9352</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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3.833	Nonpriority creditor's name and mailing address JEANNE, LEW 1465 WASHINGTON STREET #2 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>1571</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.834	Nonpriority creditor's name and mailing address JEFF, BAXTER 1444 CARLTON ROAD HILLSBOUROUGH, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>6095</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.835	Nonpriority creditor's name and mailing address JEFF, PIPER 1618 SAND HILL RD # 406 PALO ALTO, CA 94304 Date(s) debt was incurred ____ Last 4 digits of account number <u>7312</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.836	Nonpriority creditor's name and mailing address JELLYCAT INC Attn: Managing Agent 800 WASHINGTON AVE N - STE 303 MINNEAPOLIS, MN 55401 Date(s) debt was incurred _____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,775.00
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3.837	Nonpriority creditor's name and mailing address JENNIE, OWEN 1816 FORESTGLADE DRIVE AUSTIN, TX 78745 Date(s) debt was incurred _____ Last 4 digits of account number <u>0137</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.838	Nonpriority creditor's name and mailing address JENNIFER BOWLES 1331 SAINT CHARLES ST ALAMEDA, CA 94501 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,139.00
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3.839	Nonpriority creditor's name and mailing address JENNIFER, CHARETTE 2 HARRISON ST 7TH FLOOR SAN FRANCISCO, CA 94105 Date(s) debt was incurred _____ Last 4 digits of account number <u>9609</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.840	Nonpriority creditor's name and mailing address JENNIFER, JOHNS 294 UPPER TERRACE SAN FRANCISCO, CA 94117 Date(s) debt was incurred _____ Last 4 digits of account number <u>4505</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.00
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3.841	Nonpriority creditor's name and mailing address JENNY ZECKENDORF 2855 JACKSON STREET APT 102 SAN FRANCISCO, CA 94115 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.842	Nonpriority creditor's name and mailing address JERRY KERMODE Attn: Managing Agent 8891 AVILA LN SEBASTOPOL, CA 95472 Date(s) debt was incurred _____ Last 4 digits of account number <u>R006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,105.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.843	Nonpriority creditor's name and mailing address JESSICA HAYWARD 1683 UNION STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,794.00
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3.844	Nonpriority creditor's name and mailing address JESSICA, NEGIN 50 MURRAY ST. PT.#1611 NEW YORK, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number <u>6325</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191.00
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3.845	Nonpriority creditor's name and mailing address JILL FOGELSONG 125 ALTA VISTA DRIVE ATHERTHON, CA 94027 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.00
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3.846	Nonpriority creditor's name and mailing address JILLA, SCHWARZ 34 MCDONALD ST. BARRIE ONTARIO CANADA BARRIE, CAN L4M1P1 Date(s) debt was incurred ____ Last 4 digits of account number <u>2488</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
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3.847	Nonpriority creditor's name and mailing address JOAN GANS 1015 LANARK COURT SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$912.00
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3.848	Nonpriority creditor's name and mailing address JOAN, GALLAGHER 3320 OCTAVIA STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>8742</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.849	Nonpriority creditor's name and mailing address JOAN, KENNEY 30 W 63RD STREET 27N NEW YORK, NY 10023 Date(s) debt was incurred ____ Last 4 digits of account number <u>6574</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.850	Nonpriority creditor's name and mailing address JOHN & KIRA'S Attn: Managing Agent 163 WEST WYOMING AVE PHILADELPHIA, PA 19140 Date(s) debt was incurred _____ Last 4 digits of account number <u>H001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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3.851	Nonpriority creditor's name and mailing address JOHN AND DONNA SKEEN 1001 VALLEJO STREET SAN FRANCISCO, CA 94133-3609 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.852	Nonpriority creditor's name and mailing address JOHN DERIAN COMPANY Attn: Managing Agent 6 EAST 2ND STREET NEW YORK, NY 10003 Date(s) debt was incurred _____ Last 4 digits of account number <u>H003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,174.00
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3.853	Nonpriority creditor's name and mailing address JOHN IVERSEN Attn: Managing Agent 214 SPRINGS FIREPALCE RD #2 EAST HAMPTON, NY 11937 Date(s) debt was incurred _____ Last 4 digits of account number <u>H005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,590.00
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3.854	Nonpriority creditor's name and mailing address JOHN, ANGELO 5231 MONTE BONITO DR LOSANGELES, CA 90041 Date(s) debt was incurred _____ Last 4 digits of account number <u>1626</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.855	Nonpriority creditor's name and mailing address JOHN, BRUNELLO 1537 BERNAL AVE BURLINGAME, CA 94010 Date(s) debt was incurred _____ Last 4 digits of account number <u>0332</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.856	Nonpriority creditor's name and mailing address JOHNATHAN, WARMUND 3615 MARKET ST SAN FRANCISCO, CA 94131-1338 Date(s) debt was incurred _____ Last 4 digits of account number <u>3144</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.857	Nonpriority creditor's name and mailing address JOHNSON CONTROLS SECURITY SOL'NS LLC Attn: Managing Agent P.O. BOX 371967 PITTSBURG, PA 15250 Date(s) debt was incurred _____ Last 4 digits of account number <u>H025</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,779.00
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3.858	Nonpriority creditor's name and mailing address JOHNSON, ASHLEY 2090 PACIFIC AVENUE UNIT 701 SAN FRANCISCO, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number <u>3832</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$689.00
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3.859	Nonpriority creditor's name and mailing address JOHNSON, CELESTINE 271 GLENWOOD AVENUE WOODSIDE, CA 94062 Date(s) debt was incurred _____ Last 4 digits of account number <u>5409</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,019.00
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3.860	Nonpriority creditor's name and mailing address JOHNSON, JESSIKA 2300 FRANCISCO STREET 302 SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>1009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,132.00
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3.861	Nonpriority creditor's name and mailing address JOHNSON, NATALIE 1080 SUTTER STREET APT 901 SAN FRANCISCO, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number <u>7136</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.00
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3.862	Nonpriority creditor's name and mailing address JONI B Attn: Managing Agent 525 SEVENTH AVE NEW YORK, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
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3.863	Nonpriority creditor's name and mailing address JOSEPH, BROWN 3978 SEQUOYAH RD OAKLAND, CA 94605-4554 Date(s) debt was incurred _____ Last 4 digits of account number <u>4655</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.864	Nonpriority creditor's name and mailing address JOSEPH, LAUREN 948 LAKE STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>3166</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$969.00
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3.865	Nonpriority creditor's name and mailing address JOSETTE, HAJEIAN 4116 VIA LARGAVISTA PALOS VERDE ESTATES, CA 90274 Date(s) debt was incurred ____ Last 4 digits of account number <u>5229</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.866	Nonpriority creditor's name and mailing address JOY, ASHLEY 52349 METAVANTE WAY SIOUX FALLS, SD 57186-0001 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
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3.867	Nonpriority creditor's name and mailing address JULARBAL, CHARLOTTE L 232 REDSTONE ST LAS VEGAS, NV 89145-5337 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.868	Nonpriority creditor's name and mailing address JULIA BERGER 10990 EASTSIDE ROAD HEALDSBURG, CA 95448 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.869	Nonpriority creditor's name and mailing address JULIA VILL 3012 PINE ST SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$521.00
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3.870	Nonpriority creditor's name and mailing address JULIA WATTS LLC Attn: Managing Agent 271 W 47TH ST 9C NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,120.00
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3.871	Nonpriority creditor's name and mailing address JULIE HARRIS 1467 DOLORES STREET SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,757.00
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3.872	Nonpriority creditor's name and mailing address JULIE, LEVINSON 20906 W. SUMMIT DR. KILDER, IL 60047 Date(s) debt was incurred ____ Last 4 digits of account number <u>6327</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.00
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3.873	Nonpriority creditor's name and mailing address JULISKA/PENHURST TRADING, INC Attn: Managing Agent 465 CANAL ST STAMFORD, CT 06902 Date(s) debt was incurred ____ Last 4 digits of account number <u>L006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,320.00
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3.874	Nonpriority creditor's name and mailing address JUSKOVIC, REBECCA 1150 UNION STREET APT 701 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>3092</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,264.00
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3.875	Nonpriority creditor's name and mailing address JV/GLOBAL, LLC Attn: Managing Agent P.O. BOX 273429 BOCA RATON, FL 33427 Date(s) debt was incurred ____ Last 4 digits of account number <u>G001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$704.00
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3.876	Nonpriority creditor's name and mailing address JYL, LIVELY 37442 HARVEST DR MURINETA, CA 92563 Date(s) debt was incurred ____ Last 4 digits of account number <u>0167</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.877	Nonpriority creditor's name and mailing address KAHN, DAVID 5927 LASALLE AVE OAKLAND, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.878	Nonpriority creditor's name and mailing address KANCHAN IMPEX INC Attn: Managing Agent 48 WEST 48TH ST #1009 NEW YORK, NY 10036 Date(s) debt was incurred _____ Last 4 digits of account number N002	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,825.00
3.879	Nonpriority creditor's name and mailing address KARA SIMONE 2669 CASALINO COURT PLEASANTON, CA 94566 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,948.00
3.880	Nonpriority creditor's name and mailing address KAREN, JOHNSON 4609 KNOLL PARK CIR. ANTIOCH, CA 94531 Date(s) debt was incurred _____ Last 4 digits of account number 3424	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
3.881	Nonpriority creditor's name and mailing address KARP, TERICE 50 NORTH SAN MATEO DR #202 SAN MATEO, CA 94401 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
3.882	Nonpriority creditor's name and mailing address KARRENBROCK, KATY PO BOX 241 BODEGA BAY, CA 94922 Date(s) debt was incurred _____ Last 4 digits of account number 1656	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
3.883	Nonpriority creditor's name and mailing address KATE MITCHELL 1980 GRANT AVENUE - UNIT 7 SAN FRANCISCO, CA 94133 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.00
3.884	Nonpriority creditor's name and mailing address KATHERINE'S COLLECTION INC. Attn: Managing Agent 370 FALLS COMMERCE PKWY CUYAHOGA FALLS, OH 44224 Date(s) debt was incurred _____ Last 4 digits of account number T004	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.885	Nonpriority creditor's name and mailing address KATHLEEN DEERY DESIGN Attn: Managing Agent 45 LUSK ST SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number T005	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.886	Nonpriority creditor's name and mailing address KATHLEEN DIRICKSON 900 REICHERT AVENUE NOVATO, CA 94945 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.887	Nonpriority creditor's name and mailing address KATHLEEN MATTHEWS 9 EAST KIRKE STREET CHEVY CHASE, MD 20815 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.00
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3.888	Nonpriority creditor's name and mailing address KATHLEEN, FRETHEIM 681 HORSESHOE ROAD GABRIOLA, CAN VOR1X3 Date(s) debt was incurred ____ Last 4 digits of account number 0296	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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3.889	Nonpriority creditor's name and mailing address KATHLEEN, KOO 983 JACKSON ST SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number 7720	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.890	Nonpriority creditor's name and mailing address KATHRYN LAUTHER 10009 ALAVISTA DRIVE GIBSONTON, FL 33534 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
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3.891	Nonpriority creditor's name and mailing address KATHY, HUBER 140 SAN PABLO AVE. SAN FRANCISCO, CA 94127 Date(s) debt was incurred ____ Last 4 digits of account number 0571	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.892	Nonpriority creditor's name and mailing address KATIE MARDIKIAN 3701 19TH STREET SACRAMENTO, CA 95818 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,758.00
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3.893	Nonpriority creditor's name and mailing address KATY GLASS 252 EAST 57TH STREET APT 52B NEW YORK, CA 10022 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,379.00
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3.894	Nonpriority creditor's name and mailing address KAUR, JAPNEET 72 TOWNSEND STREET UNIT 402 SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0193</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,140.00
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3.895	Nonpriority creditor's name and mailing address KAYE, FOSTER-CHEEK 765 MARKET ST #30 H SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>1193</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.896	Nonpriority creditor's name and mailing address KBA DOCUSYS, INC. Attn: Managing Agent 32900 ALVARADO NILES RD, STE 100 UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$529.00
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3.897	Nonpriority creditor's name and mailing address KBA DOCUSYS, INC. Attn: Managing Agent 32900 ALVARADO NILES RD, STE 100 UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number <u>A004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,107.00
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3.898	Nonpriority creditor's name and mailing address KEATING, KIRA 2812 WASHINGTON STREET 2 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>4259</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,008.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.899	Nonpriority creditor's name and mailing address KEATING, VICTORIA 2223 CENTRO EAST ST TIBURON, CA 94920-1947 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.00
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3.900	Nonpriority creditor's name and mailing address KEELAN, LEI LANI 2200 PACIFIC AVE - 9C SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>2984</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,863.00
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3.901	Nonpriority creditor's name and mailing address KEIL, BERNIDET 200 CHAMBERS STREET APT 16E NEW YORK, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.00
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3.902	Nonpriority creditor's name and mailing address KELLY HOWARD Attn: Managing Agent P O BOX 708 LINCOLN CITY, OR 97367 Date(s) debt was incurred ____ Last 4 digits of account number <u>L005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,378.00
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3.903	Nonpriority creditor's name and mailing address KELLY, KATIE PO BOX 759 PENNGROVE, CA 94951-0759 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.904	Nonpriority creditor's name and mailing address KELLY, MCHUGH 5 THIRD ST #925 SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>2695</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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3.905	Nonpriority creditor's name and mailing address KELLY, WAGGONER 796 MORA DR. LOS ALTOS, CA 94024 Date(s) debt was incurred ____ Last 4 digits of account number <u>8132</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.906	Nonpriority creditor's name and mailing address KEN SMITH DBA SMITH ENGRAVING Attn: Managing Agent 11399 WESTSIDE AVE FORESTVILLE, CA 95436 Date(s) debt was incurred _____ Last 4 digits of account number N003	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.00
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3.907	Nonpriority creditor's name and mailing address KENNETH CALDWELL 565 BELLEVUE AVE APT.903 OAKLAND, CA 94610 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.00
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3.908	Nonpriority creditor's name and mailing address KENRO INDUSTRIES, INC Attn: Managing Agent 393 JERICHO TURNPIKE MINEOLA, NY 11501 Date(s) debt was incurred _____ Last 4 digits of account number N016	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,319.00
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3.909	Nonpriority creditor's name and mailing address KERNS, CHRISTINE 3412 SCOTT SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.910	Nonpriority creditor's name and mailing address KERNS, KARA 945 LEE DRIVE MENLO PARK, CA 94025 Date(s) debt was incurred _____ Last 4 digits of account number 5176	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$907.00
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3.911	Nonpriority creditor's name and mailing address KEVIN SONG Attn: Managing Agent 3333 LAWRENCEVILLE HWY LAWRENCEVILLE, GA 30044 Date(s) debt was incurred _____ Last 4 digits of account number V005	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.912	Nonpriority creditor's name and mailing address KEYES, NATALYA 988 CLAYTON ST SAN FRANCISCO, CA 94117 Date(s) debt was incurred _____ Last 4 digits of account number 2226	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.00
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3.913	Nonpriority creditor's name and mailing address KHAN, NAVED 136 CLIFFORD TERRACE SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.914	Nonpriority creditor's name and mailing address KHS Attn: Managing Agent 12020 EASTGATE BLVD MT JULIET, TN 37122 Date(s) debt was incurred ____ Last 4 digits of account number <u>H001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,769.00
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3.915	Nonpriority creditor's name and mailing address Kifu Paris LLC Attn: Managing Agent 244 Fifth Ave. Suite E35 New York, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number <u>F001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,450.00
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3.916	Nonpriority creditor's name and mailing address KIM SEYBERT Attn: Managing Agent 37 W 37TH 9TH FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number <u>M004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,811.00
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3.917	Nonpriority creditor's name and mailing address KINDER, LINDSAY 1925 JEFFERSON STREET APT 302 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0916</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.00
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3.918	Nonpriority creditor's name and mailing address KINGSBURY, RUTH 516 NOE ST. SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.919	Nonpriority creditor's name and mailing address KINLEY, MALLORY 9639 HOLLOW WAY ROAD DALLAS, TX 75220 Date(s) debt was incurred ____ Last 4 digits of account number <u>8282</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,912.00
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3.920	Nonpriority creditor's name and mailing address KINNISSON, KATHERINE 11 DEER RUN DOVE CANYON, CA 92679 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.00
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3.921	Nonpriority creditor's name and mailing address KIRSHENBAUM, RICHARD 955 5TH AVE APT 5A NEW YORK, NY 10021-1738 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.00
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3.922	Nonpriority creditor's name and mailing address KIYASA CORPORATION Attn: Managing Agent 3350 SCOTT BLVD. BLDG. 50 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number <u>Y002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,869.00
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3.923	Nonpriority creditor's name and mailing address KOO, CATHERINE 1701 JACKSON ST. UNIT 101 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.00
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3.924	Nonpriority creditor's name and mailing address KORET, SUSAN 711 EL CAMINO DEL MAR SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.925	Nonpriority creditor's name and mailing address KOSKINEN, CHERYL 70 CUMBERLAND STREET SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$284.00
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3.926	Nonpriority creditor's name and mailing address KOSTUROS, CASSIE 14 JAY STREET FLOOR 3 NEW YORK, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number <u>3580</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
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3.927	Nonpriority creditor's name and mailing address KOTHARI GROUP INC Attn: Managing Agent P O BOX 30771 OAKLAND, CA 94604 Date(s) debt was incurred ____ Last 4 digits of account number R003	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,275.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.928	Nonpriority creditor's name and mailing address KPM Attn: Managing Agent WEGELYSTRASSE 1 BERLIN 0, 110623 DEU Date(s) debt was incurred ____ Last 4 digits of account number M001	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$950.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.929	Nonpriority creditor's name and mailing address KPM BERLIN GMBH Attn: Managing Agent Wegelystra e 1 BERLIN 0, 10623 DEU Date(s) debt was incurred ____ Last 4 digits of account number M001	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,816.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.930	Nonpriority creditor's name and mailing address KRAMER, BERNARD 2740 LYON ST SAN FRANCISCO, CA 94123-3815 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$104.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.931	Nonpriority creditor's name and mailing address KRAMER, LISA 3520 20TH STREET UNIT 3 SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,211.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.932	Nonpriority creditor's name and mailing address KRASOW, ERIN 611 32ND AVE. SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number 7520	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.933	Nonpriority creditor's name and mailing address KRATZER, LINDSEY 81 LANSING STREET UNIT 403 SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number 1735	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$72.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.934	Nonpriority creditor's name and mailing address KRAUEL, HEIDI 238 24TH AVE SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>4063</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$367.00
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3.935	Nonpriority creditor's name and mailing address KRI KRI STUDIO LLC Attn: Managing Agent 7715 AURORA AVE NORTH SEATTLE, WA 98103 Date(s) debt was incurred ____ Last 4 digits of account number <u>I011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$909.00
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3.936	Nonpriority creditor's name and mailing address KRISTEN OLSON INT'L Attn: Managing Agent 24 MAUNGAREI RD Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.937	Nonpriority creditor's name and mailing address KRISTIN, HEBERT 95 SEA VIEW AVE PIEDMONT, CA 94611-3556 Date(s) debt was incurred ____ Last 4 digits of account number <u>1457</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.938	Nonpriority creditor's name and mailing address KRZYWICKI, KATIE 449 FILBERT STREET APT 3 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>4745</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$366.00
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3.939	Nonpriority creditor's name and mailing address KUEHNE & NAGEL SERVICES LTD. Attn: Managing Agent P O BOX 7247, LOCKBOX 7992 PHILADELPHIA, PA 19170-7992 Date(s) debt was incurred ____ Last 4 digits of account number <u>E002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,232.00
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3.940	Nonpriority creditor's name and mailing address KURT S. ADLER Attn: Managing Agent 122 E 42ND ST 2ND FLOOR NEW YORK, NY 10168 Date(s) debt was incurred ____ Last 4 digits of account number <u>R003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,248.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.941	Nonpriority creditor's name and mailing address KVDAR IMPORTS Attn: Managing Agent 64 W 48TH ST STE501 NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,139.00
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3.942	Nonpriority creditor's name and mailing address L'OBJET Attn: Managing Agent 3515 CONFLANS RD IRVING, TX 75061 Date(s) debt was incurred ____ Last 4 digits of account number <u>B001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,026.00
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3.943	Nonpriority creditor's name and mailing address L'ARTISAN Attn: Managing Agent ATTN ACCTS RECEIVABLE - 1 ROCKEFELLER PL NEW YORK, NY 10020 Date(s) debt was incurred ____ Last 4 digits of account number <u>R009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,835.00
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3.944	Nonpriority creditor's name and mailing address LA POINTE, DENISE 290 TWIN PEAKS BLVD SAN FRANCISCO, CA 94114-2162 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
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3.945	Nonpriority creditor's name and mailing address LACLAIRE LLC Attn: Managing Agent 86-31 ELIOT AVE REGO PARK, NY 11374 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,325.00
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3.946	Nonpriority creditor's name and mailing address LAGOS, KATERINA 7380 NOB HILL DRIVE CARMICHAEL, CA 95608 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.947	Nonpriority creditor's name and mailing address LALEH ZELINSKY 74 LAGOON ROAD BELVEDERE, CA 93910 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,824.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.948	Nonpriority creditor's name and mailing address Lalique North America, Inc Attn: Managing Agent 25 Branca Road East Rutherford, NJ 07073 Date(s) debt was incurred _____ Last 4 digits of account number <u>L002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,276.00
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3.949	Nonpriority creditor's name and mailing address LALLY, ERIN 466 RUTHVEN AVENUE PALO ALTO, CA 94301 Date(s) debt was incurred _____ Last 4 digits of account number <u>0912</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$271.00
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3.950	Nonpriority creditor's name and mailing address LALONDE, SYDNEY 340 ARKANSAS STREET SAN FRANCISCO, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number <u>8467</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,669.00
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3.951	Nonpriority creditor's name and mailing address LAM'S JADE CENTER INC Attn: Managing Agent 607 S HILL ST., STE 803 LOS ANGELES, CA 90014 Date(s) debt was incurred _____ Last 4 digits of account number <u>M005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,668.00
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3.952	Nonpriority creditor's name and mailing address LANCE PLOTT 16812 BOLERO LN HUNTINGTON BEACH, CA 92649 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,011.00
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3.953	Nonpriority creditor's name and mailing address LANDS DOWNUNDER INTL LTD Attn: Managing Agent 407 E MAIN ST STE 10 PORT JEFFERSON, NY 11777 Date(s) debt was incurred _____ Last 4 digits of account number <u>N003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00
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3.954	Nonpriority creditor's name and mailing address LANGSDORF, MARGOT 3063 WASHINGTON ST APT 2 SAN FRANCISCO, CA 94115 Date(s) debt was incurred _____ Last 4 digits of account number <u>8582</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,424.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.955	Nonpriority creditor's name and mailing address LANSING, KIMBERLY 146 AVILA STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.956	Nonpriority creditor's name and mailing address LARKAN, KELLY 1899 CALIFORNIA ST AOT 8 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>3332</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.00
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3.957	Nonpriority creditor's name and mailing address LARRY FRAZIER/WOOD MOBIUS Attn: Managing Agent 932 VIA VERDE DEL REY OAKS, CA 93940 Date(s) debt was incurred ____ Last 4 digits of account number <u>R002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,625.00
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3.958	Nonpriority creditor's name and mailing address LARRY HAHN 271 N BOWLING GREEN WAY LOS ANGELES, CA 90049 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.00
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3.959	Nonpriority creditor's name and mailing address LARRY, HYMAN 936 HILLDALE BERKELEY, CA 94708 Date(s) debt was incurred ____ Last 4 digits of account number <u>4394</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.960	Nonpriority creditor's name and mailing address LARSEN, MICHELE 1299 4TH ST. #302 SAN RAFAEL, CA 94901 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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3.961	Nonpriority creditor's name and mailing address LARSEN, TRACY 3236 PACIFIC AVENUE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>8680</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,304.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.962	Nonpriority creditor's name and mailing address LASSITER, MELISSA 838 HIGHLAND AVE APT.3 SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number <u>4508</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$729.00
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3.963	Nonpriority creditor's name and mailing address LATOUR, LISETRAUGOTT 102 COLERIDGE AVE PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.00
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3.964	Nonpriority creditor's name and mailing address LAURA FLOWERREE 76 TOLEDO WAY SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.00
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3.965	Nonpriority creditor's name and mailing address LAURA PEDERSEN 1944 GREEN STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.00
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3.966	Nonpriority creditor's name and mailing address LAUREN ELMETS 251 FRANCISCO STREET APT 3 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.967	Nonpriority creditor's name and mailing address LAUREN RADOMSKI 1865 GREEN STREET APT1 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.968	Nonpriority creditor's name and mailing address LAUREN SCANLON 3515 FILLMORE STREET APT 201 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$401.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.969	Nonpriority creditor's name and mailing address LAUREN, HESSE 2760 POLK STAPT 2 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0106</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.970	Nonpriority creditor's name and mailing address LAURI TADLOCK 14007 171ST LANE NE WOODINVILLE, WA 98072 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$992.00
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3.971	Nonpriority creditor's name and mailing address LAURIE, HENMAN 2190 H ST. APT.207 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>1858</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.972	Nonpriority creditor's name and mailing address LAURIE, SUMMER 2101 PACIFIC AVENUE #605 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
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3.973	Nonpriority creditor's name and mailing address LAWRENSON, MYKA 2600 PARADISE DRIVE TIBURON, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$348.00
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3.974	Nonpriority creditor's name and mailing address LAYDEN, GINGER 6215 CALIFORNIA ST. SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$338.00
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3.975	Nonpriority creditor's name and mailing address LAYNG, ALI 2450 FULTON ST APT 204 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>9896</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.976	Nonpriority creditor's name and mailing address LEE, CINDY 3149 ALEMANY BLVD SAN FRANCISCO, CA 94112-3944 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.977	Nonpriority creditor's name and mailing address LEEER LIMITED USA Attn: Managing Agent 115 PENCADER DR NEWARK, DE 19702 Date(s) debt was incurred ____ Last 4 digits of account number <u>E004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$644.00
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3.978	Nonpriority creditor's name and mailing address LEFF, BRENDA NEWTON 2106 JACKSON ST APT 5 SAN FRANCISCO, CA 94115-1555 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
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3.979	Nonpriority creditor's name and mailing address LEFKOF, KATY 220 EAST 72ND STREET 19E NEW YORK, NY 10021 Date(s) debt was incurred ____ Last 4 digits of account number <u>8947</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$637.00
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3.980	Nonpriority creditor's name and mailing address LEFTON, JUDITH 1570 MADRUGA AVE STE 201 CORAL GABLES, FL 33146-3012 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.981	Nonpriority creditor's name and mailing address LENDEMAIN DISTRIBUTION INC Attn: Managing Agent ATTN ACCTS RECEIVABLE - 1 ROCKEFELLER PL NEW YORK, NY 10020 Date(s) debt was incurred ____ Last 4 digits of account number <u>R009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
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3.982	Nonpriority creditor's name and mailing address LENHART, JENNIFER 337 SOUTH FREMONT STREET #115 SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.983	Nonpriority creditor's name and mailing address LENOX CORPORATION-BRANDS Attn: Managing Agent FBO EUREKA P O BOX 643980 CINCINNATI, OH 45264-3980 Date(s) debt was incurred ____ Last 4 digits of account number E001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,811.00
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3.984	Nonpriority creditor's name and mailing address LESLIE, BROWN 623 SAUSALITO BLVD SAUSALITO, CA 94965 Date(s) debt was incurred ____ Last 4 digits of account number 5643	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.985	Nonpriority creditor's name and mailing address LESSER, JENNY 212 27TH STREET SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number 6155	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,848.00
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3.986	Nonpriority creditor's name and mailing address LESTER CLIFF 1375 27TH AVENUE - APT 3 SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$860.00
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3.987	Nonpriority creditor's name and mailing address LEVEL 3 COMMUNICATIONS, LLC Attn: Managing Agent P O BOX 910182 DENVER, CO 80291-0182 Date(s) debt was incurred ____ Last 4 digits of account number N001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,106.00
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3.988	Nonpriority creditor's name and mailing address LEVIN, CAROLINE 733 FRONT STREET SPT 311 SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number 1718	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.00
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3.989	Nonpriority creditor's name and mailing address LEVIN, MEGHAN 1328 ORANGE AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$279.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.990	Nonpriority creditor's name and mailing address LEVY, LAUREN 161 KENT AVE SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.991	Nonpriority creditor's name and mailing address LEW, DIANE 20260 REINELL PLACE CUPERTINO, CA 95014-2221 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,144.00
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3.992	Nonpriority creditor's name and mailing address LEWIS, NICOLE 785 MARIN DRIVE MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>0305</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,662.00
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3.993	Nonpriority creditor's name and mailing address LEWIS, SARAH PO BOX 91 OAKVILLE, CA 94562 Date(s) debt was incurred ____ Last 4 digits of account number <u>1696</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.00
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3.994	Nonpriority creditor's name and mailing address LEYLEGIAN, ALEXANDRA 820 BLANCHARD STREET UNIT 805 SEATTLE, WA 98121 Date(s) debt was incurred ____ Last 4 digits of account number <u>1715</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,591.00
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3.995	Nonpriority creditor's name and mailing address LEZLIE BEAM 2921 JACKSON ST SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,675.00
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3.996	Nonpriority creditor's name and mailing address LIBERTY PUZZLES Attn: Managing Agent CHRISTOPHER WIRTH - 2526 49TH ST. UNIT BOULDER, CO 80301 Date(s) debt was incurred ____ Last 4 digits of account number <u>B002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.997	Nonpriority creditor's name and mailing address LIEBERMAN, IRENA 2807 S. COLUMBUS ST. ARLINGTON, VA 22206 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.998	Nonpriority creditor's name and mailing address LIEBERMAN, SAMANTHA 40 ALTA STREET APT #5 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.00
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3.999	Nonpriority creditor's name and mailing address LIFETIME BRANDS, INC Attn: Managing Agent DEPT CH 17745 PALATINE, IL 60055-7745 Date(s) debt was incurred ____ Last 4 digits of account number <u>F001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,340.00
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3.100 0	Nonpriority creditor's name and mailing address LILAH WOLF 2150 - BUSH STREET SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,358.00
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3.100 1	Nonpriority creditor's name and mailing address LILY, CONVISER 151 EL CAMINO DR BEVERLY HILLS, CA 90212 Date(s) debt was incurred ____ Last 4 digits of account number <u>1306</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.00
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3.100 2	Nonpriority creditor's name and mailing address LINDA MORGAN Attn: Managing Agent 930 FIFTH AVE #19E NEW YORK, NY 10021-2651 Date(s) debt was incurred ____ Last 4 digits of account number <u>N004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,035.00
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3.100 3	Nonpriority creditor's name and mailing address LINDA, BOHNEN 627 S ELM ST HINSDALE, IL 60521 Date(s) debt was incurred ____ Last 4 digits of account number <u>4572</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.100 4	Nonpriority creditor's name and mailing address LINDA, DANZIG 110 WILSHIRE AVE DAILY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number <u>0542</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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3.100 5	Nonpriority creditor's name and mailing address LINDA, MACCONAUGHA 5 SHORT LN HIGH PARK, NY 12538 Date(s) debt was incurred ____ Last 4 digits of account number <u>9596</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.100 6	Nonpriority creditor's name and mailing address LINDA, VAUGHN 1210 KENILWORTH ROAD HILLSBOROUGH, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>7273</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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3.100 7	Nonpriority creditor's name and mailing address LINDSAY CONKLE 4860 KEANE DRIVE CARMICHAEL, CA 95608 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,639.00
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3.100 8	Nonpriority creditor's name and mailing address LINDSAY KINDER 1925 JEFFERSON STREET APT 302 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$803.00
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3.100 9	Nonpriority creditor's name and mailing address LINDSAY WATTY 725 EVELYN AVENUE ALBANY, CA 94706 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,345.00
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3.101 0	Nonpriority creditor's name and mailing address LINDSTROM, ALI 338 SPEAR STREET UNIT 14B SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>1046</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$319.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.101 1	Nonpriority creditor's name and mailing address LINKEDIN CORPORATION Attn: Managing Agent 62228 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0622 Date(s) debt was incurred ____ Last 4 digits of account number N014	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,825.00
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3.101 2	Nonpriority creditor's name and mailing address LINS Attn: Managing Agent P O BOX 892 MORGAN HILL, CA 95038 Date(s) debt was incurred ____ Last 4 digits of account number N022	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.00
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3.101 3	Nonpriority creditor's name and mailing address LIPINSKY, RAPHAELA 200 IRVING STREET 8 SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number 5080	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$181.00
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3.101 4	Nonpriority creditor's name and mailing address LISA NEVIN 3814 FULTON STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,232.00
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3.101 5	Nonpriority creditor's name and mailing address LISA WILLIAMS 5041 GOLDEN ROAD PLEASANTON, CA 94566 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.00
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3.101 6	Nonpriority creditor's name and mailing address LISA, GARLAND 1828 BROADWAY NUMBER 403 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number 4606	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.101 7	Nonpriority creditor's name and mailing address LISS, JOANNE 1487 GREENWICH ST APT 22 SAN FRANCISCO, CA 94109-1448 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.101 8	Nonpriority creditor's name and mailing address LISSKA, MEGAN P O BOX 1627 MILL VALLEY, CA 94942 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,272.00
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3.101 9	Nonpriority creditor's name and mailing address LITE MASTER Attn: Managing Agent 11350A WELSH ROAD NORTH WALES, PA 19454 Date(s) debt was incurred ____ Last 4 digits of account number <u>T002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$592.00
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3.102 0	Nonpriority creditor's name and mailing address LIU LI GONG FANG (USA) INC Attn: Managing Agent 398 LEMON CREEK DR SUITE F WALNUT, CA 91789 Date(s) debt was incurred ____ Last 4 digits of account number <u>U001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,200.00
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3.102 1	Nonpriority creditor's name and mailing address LIVIAKIS, VICTORIA 640 DAVIS STREET 22 SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>1743</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,301.00
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3.102 2	Nonpriority creditor's name and mailing address LIYA, OLSHANSKY 4459 LENA LANE IRVING, TX 75038 Date(s) debt was incurred ____ Last 4 digits of account number <u>6402</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
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3.102 3	Nonpriority creditor's name and mailing address LOET VANDERVEEN LEGACY EDITIONS Attn: Managing Agent P O BOX 2439 WILLITS, CA 95490 Date(s) debt was incurred ____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,398.00
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3.102 4	Nonpriority creditor's name and mailing address LOMAX, LEAH 1007 N. CRANE AVE ST. HELENA, CA 94574 Date(s) debt was incurred ____ Last 4 digits of account number <u>2085</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,032.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.102 5	Nonpriority creditor's name and mailing address LONDON, ANNE 17 W 71ST ST APT 7D NEW YORK, NY 10023-4135 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.102 6	Nonpriority creditor's name and mailing address LONELL, CHOW 149 BEACHPARK BLVD FOSTER CITY, CA 94404 Date(s) debt was incurred ____ Last 4 digits of account number <u>7348</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.00
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3.102 7	Nonpriority creditor's name and mailing address LONNE, ALEXANDRA 2639 CHESTNUT STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.102 8	Nonpriority creditor's name and mailing address LOOMIS ARMORED US, LLC Attn: Managing Agent 2500 CityWest Blvd, Ste. 900 Houston, TX 77402 Date(s) debt was incurred ____ Last 4 digits of account number <u>0002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$518.00
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3.102 9	Nonpriority creditor's name and mailing address LORA, VOICE 995 HAWTHORNE DR LAFAYETTE, CA 94549 Date(s) debt was incurred ____ Last 4 digits of account number <u>3684</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.103 0	Nonpriority creditor's name and mailing address LORBER, STEPHANIE 2775 GREENWICH ST SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>9405</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$293.00
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3.103 1	Nonpriority creditor's name and mailing address LORI, ROSSI 2662 ATLANTIC STREET MERCED, CA 95340 Date(s) debt was incurred ____ Last 4 digits of account number <u>2131</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$645.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.103 2	Nonpriority creditor's name and mailing address LOTHANTIQUE INC Attn: Managing Agent 2600 JOHN ST, UNIT 202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.103 3	Nonpriority creditor's name and mailing address LOUIS SHERRY Attn: Managing Agent P O BOX 41123 JACKSONVILLE, FL 32203 Date(s) debt was incurred ____ Last 4 digits of account number <u>U006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,795.00
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3.103 4	Nonpriority creditor's name and mailing address LOUIS TAMIS & SONS INC. Attn: Managing Agent 10 EAST 38TH ST. NEW YORK, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number <u>U003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,450.00
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3.103 5	Nonpriority creditor's name and mailing address LOW, MEGAN 345 FOLSOM STREET SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,076.00
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3.103 6	Nonpriority creditor's name and mailing address LOWE, ROBERT 222 SANSOME ST SAN FRANCISCO, CA 94104 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.00
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3.103 7	Nonpriority creditor's name and mailing address LSC Communications, Inc. Attn: Managing Agent 191 North Wacker Drive Suite 1400 Chicago, IL 60606 Date(s) debt was incurred <u>6/11/2018</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>Note Payable dated 6/11/2018</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$729,732.54
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3.103 8	Nonpriority creditor's name and mailing address LUCENTE, CYNTHIA LOHR 757A PORTOLA ST SAN FRANCISCO, CA 94129-1392 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.103 9	Nonpriority creditor's name and mailing address LUMPKIN, FRANCES 1332 3RD AVE APT 2C NEW YORK, NY 10021-1974 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
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3.104 0	Nonpriority creditor's name and mailing address LUO, THERESA 12425 BEATRICE STREET LOS ANGELES, CA 90066 Date(s) debt was incurred ____ Last 4 digits of account number <u>3717</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$405.00
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3.104 1	Nonpriority creditor's name and mailing address LYLE, NICK & FRANCINE 1468 DOLORES ST SAN FRANCISCO, CA 94110-4329 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.00
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3.104 2	Nonpriority creditor's name and mailing address LYNCH, JOHN 27 GROVE AVE CORTE MADERA, CA 94925-1539 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.104 3	Nonpriority creditor's name and mailing address LYNCH, MONA 46 EDWARDS AVE SAUSALITO, CA 94965-2514 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.00
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3.104 4	Nonpriority creditor's name and mailing address LYNDA, AJA 509 FLEETWOOD DR MODESTO, CA 95350 Date(s) debt was incurred ____ Last 4 digits of account number <u>2417</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.104 5	Nonpriority creditor's name and mailing address LYNN D. FEINTECH 4 THE UPLANDS BERKELEY, CA 94705-2815 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.104 6	Nonpriority creditor's name and mailing address LYNN MANOLOPOULOS 777 108TH AVENUE NE 2300 BELLEVUE, WA 98004 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$377.00
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3.104 7	Nonpriority creditor's name and mailing address LYNN, LYNN 320 JEFFERSON DR. PITTSBURGH, PA 15228 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.00
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3.104 8	Nonpriority creditor's name and mailing address LYONS WIER GALLERY Attn: Managing Agent 542 WEST 24TH ST NEW YORK, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number <u>0002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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3.104 9	Nonpriority creditor's name and mailing address MABERRY, KRISTIN 513 EASTERBY STREET UNITB SAUSALITO, CA 94965 Date(s) debt was incurred ____ Last 4 digits of account number <u>6423</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,590.00
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3.105 0	Nonpriority creditor's name and mailing address MACDONALD, MELINDA 1545 ALBEMARLE WAY BURLINGAME, CA 94010-4657 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.105 1	Nonpriority creditor's name and mailing address MACDONNELL, NITA 212 AVILA ST SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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3.105 2	Nonpriority creditor's name and mailing address MACKAY, DOUG 215 HENRY STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>9062</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,401.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.105 3	Nonpriority creditor's name and mailing address MACKENZIE-CHILDS LLC Attn: Managing Agent DEPT 116227, P O BOX 5211 BINGHAMTON, NY 13902-5211 Date(s) debt was incurred _____ Last 4 digits of account number <u>C002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$603.00
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3.105 4	Nonpriority creditor's name and mailing address MACKENZIE-CHILDS LLC Attn: Managing Agent DEPT 116227, P O BOX 5211 BINGHAMTON, NY 13902-5211 Date(s) debt was incurred _____ Last 4 digits of account number <u>C002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$704.00
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3.105 5	Nonpriority creditor's name and mailing address MACKEY, JANIE 220 WATER ST #226 BROOKLYN, NY 11201 Date(s) debt was incurred _____ Last 4 digits of account number <u>1879</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$484.00
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3.105 6	Nonpriority creditor's name and mailing address MAD ET LEN Attn: Managing Agent 64 W 48TH ST STE501 NEW YORK, NY 10036 Date(s) debt was incurred _____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,360.00
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3.105 7	Nonpriority creditor's name and mailing address MADDIX, DANIELLE 52 BERKSHIRE ROAD ALAMEDA, CA 95502 Date(s) debt was incurred _____ Last 4 digits of account number <u>1104</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$622.00
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3.105 8	Nonpriority creditor's name and mailing address MADE MODERN, LLC Attn: Managing Agent 20 VESSEY ST STE 200 NEW YORK, NY 10007 Date(s) debt was incurred _____ Last 4 digits of account number <u>D012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,739.00
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3.105 9	Nonpriority creditor's name and mailing address MAEVE SHEAHAN 1147 W LILL UNIT 3W CHICAGO, IL 60614 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.106 0	Nonpriority creditor's name and mailing address MAGICFOREST Attn: Managing Agent 300 WEST RD UNIT 3 PORTSMOUTH, NH 03801 Date(s) debt was incurred ____ Last 4 digits of account number <u>G011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,660.00
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3.106 1	Nonpriority creditor's name and mailing address MAGILLIGAN, MORGAN 3944 WASHINGTON ST SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>3983</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$954.00
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3.106 2	Nonpriority creditor's name and mailing address MAHANEY, MADELEINE 2245 SACRAMENTO STREET APT 3 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$627.00
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3.106 3	Nonpriority creditor's name and mailing address MAHER, EMILY 2224 BAKER STREET SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0793</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$612.00
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3.106 4	Nonpriority creditor's name and mailing address MAIER, DIANA 2865 BRODERICK ST SAN FRANCISCO, CA 94123-3813 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.106 5	Nonpriority creditor's name and mailing address MAIL-IT-RIGHT Attn: Managing Agent 1423 SAN MATEO AVE SOUTH SAN FRANCISCO, CA 94108-4701 Date(s) debt was incurred ____ Last 4 digits of account number <u>I001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,958.00
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3.106 6	Nonpriority creditor's name and mailing address MAKA, KRISTINALISA 777 MARSHALL STREET REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number <u>1835</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,308.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.106 7	Nonpriority creditor's name and mailing address MAKLER, ALEXANDER & ANNA 2840 FOREST AVE BERKELEY, CA 94705-1309 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.106 8	Nonpriority creditor's name and mailing address MALIN, CHARLOT & GREGORY 2750 VALLELO ST. SAN FRANCISCO, CA 94123-4615 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00
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3.106 9	Nonpriority creditor's name and mailing address MANART GOLD AND DIAMOND JEWELRY Attn: Managing Agent 510 WEST SIXTH ST STE 309 LOS ANGELES, CA 90014 Date(s) debt was incurred ____ Last 4 digits of account number <u>N002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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3.107 0	Nonpriority creditor's name and mailing address MANDELL, RACHEL 4241 NORWALK DRIVE # Z 302 SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.00
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3.107 1	Nonpriority creditor's name and mailing address MANTEUFFEL, LESLIE 3550 ROUND BARN BLVD. SUITE 201 SANTA ROSA, CA 95403 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
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3.107 2	Nonpriority creditor's name and mailing address MANWELL, LINDSEY 635 EMERSON STREET PALO ALTO, CA 94301 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.00
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3.107 3	Nonpriority creditor's name and mailing address MARCH, WHITNEY 128 CATHERINE COURT ORINDA, CA 94563 Date(s) debt was incurred ____ Last 4 digits of account number <u>1966</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.107 4	Nonpriority creditor's name and mailing address MARCIA WATSON 32 STARBUCK DR SAUSALITO, CA 94965 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,251.00
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3.107 5	Nonpriority creditor's name and mailing address MARCOLE INTERACTIVE SYSTEMS Attn: Managing Agent P O BOX 131146 SAINT PAUL, MN 55113 Date(s) debt was incurred ____ Last 4 digits of account number <u>R010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,476.00
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3.107 6	Nonpriority creditor's name and mailing address MAREK KOKOSZKA 6601 INTERLACHEN BLVD EDINA, MN 55436 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$925.00
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3.107 7	Nonpriority creditor's name and mailing address MARGARET MILLSON WU 50 DELMAR DRIVE TIBURON, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.00
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3.107 8	Nonpriority creditor's name and mailing address MARGARET PANOS 12225 SW 34TH AVENUE PORTLAND, OR 97219 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$580.00
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3.107 9	Nonpriority creditor's name and mailing address MARGARET WELLS Attn: Managing Agent 340 WEST END AVE APT 2A NEW YORK, NY 10023 Date(s) debt was incurred ____ Last 4 digits of account number <u>R108</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.108 0	Nonpriority creditor's name and mailing address MARGARETTEN, MIMI/MARY 4630 17TH ST. SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>2501</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$751.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.108 1	Nonpriority creditor's name and mailing address MARGOT LANGSDORF 3063 WASHINGTON ST APT 2 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$638.00
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3.108 2	Nonpriority creditor's name and mailing address MARIA MACDONALD 883 35TH AVENUE SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$429.00
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3.108 3	Nonpriority creditor's name and mailing address MARIA YEE Attn: Managing Agent 1939 MONTEREY RD STE 8 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number <u>R020</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,020.00
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3.108 4	Nonpriority creditor's name and mailing address MARIA, CAMPBELL 1695 CARLETON CT REDWOOD CITY, CA 94061-2602 Date(s) debt was incurred ____ Last 4 digits of account number <u>3986</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.108 5	Nonpriority creditor's name and mailing address MARIAM, MAQSOOD 4290 ATLAS AVE OAKLAND, CA 94619 Date(s) debt was incurred ____ Last 4 digits of account number <u>8792</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,147.00
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3.108 6	Nonpriority creditor's name and mailing address MARIANNE CUTTER 1550 BAY ST APT 247 SAN FRANCISCO, CA 94123-1762 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$431.00
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3.108 7	Nonpriority creditor's name and mailing address MARIE, FITZMAURICE 101 DON BOB ROAD STAMFORD, CT 06903 Date(s) debt was incurred ____ Last 4 digits of account number <u>4502</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.108 8	Nonpriority creditor's name and mailing address MARILYN & PETER LANGENBERG 1310 MILAN AVE. SOUTH PASADENA, CA 91030 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,009.00
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3.108 9	Nonpriority creditor's name and mailing address MARILYN, KRAVIG 791 ELLIOTT STREET SONOMA, CA 95476 Date(s) debt was incurred ____ Last 4 digits of account number <u>7338</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.109 0	Nonpriority creditor's name and mailing address MARILYN, MARY 1419 VIA SAN JUAN SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number <u>8926</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.109 1	Nonpriority creditor's name and mailing address MARIO, UZZIEL 1675 EAST 38TH ST. OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number <u>1571</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.109 2	Nonpriority creditor's name and mailing address MARIOLUCA GIUSTI Attn: Managing Agent 1345 CAMPUS PKWY A4 WALL TOWNSHIP, NJ 07753 Date(s) debt was incurred ____ Last 4 digits of account number <u>N005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,920.00
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3.109 3	Nonpriority creditor's name and mailing address MARION, RINGLER 1446 STANLEY DOLLAR DR APT 1A WALNUT CREEK, CA 94595-2845 Date(s) debt was incurred ____ Last 4 digits of account number <u>2847</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.109 4	Nonpriority creditor's name and mailing address MARION, ROBUS 4324 21ST STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>5299</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.109 5	Nonpriority creditor's name and mailing address MARIPOSA Attn: Managing Agent 5 ELM ST MANCHESTER, MA 01944 Date(s) debt was incurred ____ Last 4 digits of account number <u>R038</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$869.00
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3.109 6	Nonpriority creditor's name and mailing address MARK, CAROLINE 1307 BAY STREET APT 1 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>2229</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$907.00
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3.109 7	Nonpriority creditor's name and mailing address MARK, DUREIN 2602 BUCHANAN STREET SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>2182</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.109 8	Nonpriority creditor's name and mailing address MARKHAM, ON, L3R 3W3 ,CAN, LOT001,,,,,,,,,2 226,,,,,,,, Vendor Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 9	Nonpriority creditor's name and mailing address MARKS, C* 3635 BRODERICK ST. SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.00
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3.110 0	Nonpriority creditor's name and mailing address MARKS, MEREDITH 4608 LAUREL CANYON DR AUSTIN, TX 78731-5206 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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3.110 1	Nonpriority creditor's name and mailing address MARR, CARA ANN 325 BERRY ST. APT.514 SAN FRANCISCO, CA 94158 Date(s) debt was incurred ____ Last 4 digits of account number <u>3143</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.110 2	Nonpriority creditor's name and mailing address MARSHALL DONIG 41 LOCKTON LANE NOVATO, CA 94945 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159.00
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3.110 3	Nonpriority creditor's name and mailing address MARSHALL, ANNE 2757 POLK STREET APT 1 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>9103</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.00
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3.110 4	Nonpriority creditor's name and mailing address MARSHALL, CAROLE 1107 FAIR OAKS AVENUE #888 SO. PASADENA, CA 91030 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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3.110 5	Nonpriority creditor's name and mailing address MARTA, NOTTEBOHM 605 PARK AVE APT. 17- A NEW YORK, NY 10065 Date(s) debt was incurred ____ Last 4 digits of account number <u>1762</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.00
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3.110 6	Nonpriority creditor's name and mailing address MARTI DEBENEDETTI 3525 OAK KNOLL DRIVE EMERALD HILLS, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$597.00
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3.110 7	Nonpriority creditor's name and mailing address MARTI DIAMOND 2000 SIERRA POINT PKWY BRISBANE, CA 94005 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.00
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3.110 8	Nonpriority creditor's name and mailing address MARTIN HEREND IMPORTS, INC. Attn: Managing Agent P.O. BOX 1178 STERLING, VA 20167 Date(s) debt was incurred ____ Last 4 digits of account number <u>R052</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,073.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.110 9	Nonpriority creditor's name and mailing address MARTIN, ELIZABETH 1815 BROADWAY APT 7 SAN FRANCISCO, CA 94109-2246 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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3.111 0	Nonpriority creditor's name and mailing address MARTIN, JULIA 4 DAYBREAK LN WESTPORT, NE 06880-2157 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.111 1	Nonpriority creditor's name and mailing address MARTIN, KOFFEL 600 MONTGOMERY ST - 25TH FLOOR SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>1365</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.111 2	Nonpriority creditor's name and mailing address MARTIN, MEGAN 2350 UNION ST APT.8 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>6280</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,029.00
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3.111 3	Nonpriority creditor's name and mailing address MARTINO, KIM 6106 VALLEY GLEN DR SAN JOSE, CA 95123-4648 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
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3.111 4	Nonpriority creditor's name and mailing address MARTIROSIAN, NATALIE 305 LOCKE LANE RICHMOND, VA 23226 Date(s) debt was incurred ____ Last 4 digits of account number <u>1298</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,074.00
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3.111 5	Nonpriority creditor's name and mailing address MARY ANN TRUEX 160 SPEAR ST - SUITE 350 SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,376.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.111 6	Nonpriority creditor's name and mailing address MARY ANN, RAKOW 251 S. 8TH STREET LEBANON, PA 17042 Date(s) debt was incurred ____ Last 4 digits of account number <u>9720</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.111 7	Nonpriority creditor's name and mailing address MARY CONNOLLY 612 SANCHEZ STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,383.00
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3.111 8	Nonpriority creditor's name and mailing address MARY ELLEN, TELFEIAN 22 MORE ST PRINCE TOWN, NJ 08542 Date(s) debt was incurred ____ Last 4 digits of account number <u>3403</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.111 9	Nonpriority creditor's name and mailing address MARY FRANCES Attn: Managing Agent 3732 MT. DIABLO BLVD. SUITE # 260 LAFAYETTE, CA 94549 Date(s) debt was incurred ____ Last 4 digits of account number <u>R070</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$856.00
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3.112 0	Nonpriority creditor's name and mailing address MARY JURECK DESIGN, INC. Attn: Managing Agent 2301 W 205TH ST 114 TORRANCE, CA 90501 Date(s) debt was incurred ____ Last 4 digits of account number <u>R056</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,198.00
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3.112 1	Nonpriority creditor's name and mailing address MARY LAKE - THOMPSON LTD Attn: Managing Agent 2121 MONTGOMERY ST OROVILLE, CA 95965 Date(s) debt was incurred ____ Last 4 digits of account number <u>R064</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$374.00
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3.112 2	Nonpriority creditor's name and mailing address MARY LAMBERT 515 PANAMA AVE LONG BEACH, CA 90814 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,614.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.112 3	Nonpriority creditor's name and mailing address MARY LEE RYBAR Attn: Managing Agent P O BOX 1716 ROSS, CA 94957 Date(s) debt was incurred ____ Last 4 digits of account number <u>R057</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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3.112 4	Nonpriority creditor's name and mailing address MARY MOORE AIDA 518 THELMA DR SAN ANTONIO, TX 78212 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,261.00
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3.112 5	Nonpriority creditor's name and mailing address MARY, GEONG 701 S. WELLS ST CHICAGO, IL 60607 Date(s) debt was incurred ____ Last 4 digits of account number <u>3853</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.112 6	Nonpriority creditor's name and mailing address MARY, HULGRAVE 37649 NEWBURGH PARK CIRCLE LIVONIA, MI 48152 Date(s) debt was incurred ____ Last 4 digits of account number <u>6975</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.112 7	Nonpriority creditor's name and mailing address MARYAM MUDUROGLU 2841 VALLEJO SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,930.00
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3.112 8	Nonpriority creditor's name and mailing address MARYJO TISOR 1534 TAYLOR STREET APT 6 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.00
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3.112 9	Nonpriority creditor's name and mailing address MARYROSE, WHELAN 306 BRISTOL PLACE MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>9644</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.113 0	Nonpriority creditor's name and mailing address MARZO, JAMES 2080 VALLEJO STREET #3 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.00
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3.113 1	Nonpriority creditor's name and mailing address MASON & MORRIS INC DBA MR DOG Attn: Managing Agent 220 36TH ST STE B524/ BOX 37 BROOKLYN, NY 11232 Date(s) debt was incurred ____ Last 4 digits of account number <u>S009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257.00
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3.113 2	Nonpriority creditor's name and mailing address MASON-KAY, INC. Attn: Managing Agent 2305 E ARAPAHOE RD 115 CENTENNIAL, CO 80122 Date(s) debt was incurred ____ Last 4 digits of account number <u>S002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,555.00
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3.113 3	Nonpriority creditor's name and mailing address MASSEY, JENNIFER 16749 BOLLINGER DR PACIFIC PLSDS, CA 90272-3219 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.113 4	Nonpriority creditor's name and mailing address MATCH, INC. Attn: Managing Agent EIGHT HOPE STREET JERSEY CITY, NJ 07307 Date(s) debt was incurred ____ Last 4 digits of account number <u>T002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,262.00
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3.113 5	Nonpriority creditor's name and mailing address MATHIS, LAURA 3682 FILLMORE STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>5441</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,705.00
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3.113 6	Nonpriority creditor's name and mailing address MATT MOULTHROP Attn: Managing Agent 4866 FOX RUN LN MARIETTA, GA 30067 Date(s) debt was incurred ____ Last 4 digits of account number <u>T003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,388.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.113 7	Nonpriority creditor's name and mailing address MAUGHAN, CHELSEA 1645 PACIFIC AVE #5G SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>1156</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$472.00
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3.113 8	Nonpriority creditor's name and mailing address MAUMER, GEORGE 2201 SACRAMENTO STREET - PH 3 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
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3.113 9	Nonpriority creditor's name and mailing address MAUMER, JORGE 2201 SACRAMENTO ST. PH3 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.00
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3.114 0	Nonpriority creditor's name and mailing address MAUND, JANIS 4447 RIVER GARDEN TRAIL AUSTIN, TX 78746 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
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3.114 1	Nonpriority creditor's name and mailing address MAURICE TOWNER Attn: Managing Agent 210 POST ST 409 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>U004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
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3.114 2	Nonpriority creditor's name and mailing address MAVAR, GEOFFREY PO BOX 770657 MEMPHIS, TN 38177-0657 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
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3.114 3	Nonpriority creditor's name and mailing address MAW, KATLIN 50 TOLEDO WAY SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>8152</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.114
4

Nonpriority creditor's name and mailing address

MAXI MARIONETTEN
Attn: Managing Agent
SAALGASSE 22.D-6031
FRANKFURT
0, 60311 DEU

Date(s) debt was incurred

Last 4 digits of account number **N005**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

\$1,072.00

3.114
5

Nonpriority creditor's name and mailing address

MAYBERRY, BROOKE
13 PARTRIDGE CT
SAN RAFAEL, CA 94901

Date(s) debt was incurred

Last 4 digits of account number **4100**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

\$3,831.00

3.114
6

Nonpriority creditor's name and mailing address

MC TEIGUE AND MC CLELLAND
Attn: Managing Agent
454 MAIN STREET
GREAT BARRINGTON, MA 01230

Date(s) debt was incurred

Last 4 digits of account number **T001**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

\$3,250.00

3.114
7

Nonpriority creditor's name and mailing address

MCCLURE, EMILY
2 WALKER ROAD
MILL VALLEY, CA 94941

Date(s) debt was incurred

Last 4 digits of account number **0**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

\$31.00

3.114
8

Nonpriority creditor's name and mailing address

MCCONNAUGHEY, CLAIRE
1080 FRANCISCO ST APT 33
SAN FRANCISCO, CA 94109

Date(s) debt was incurred

Last 4 digits of account number **0001**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

\$555.00

3.114
9

Nonpriority creditor's name and mailing address

MCCREA'S CANDIES
Attn: Managing Agent
202 NEPONSET VALLEY PKWY
HYDE PARK, MA 02136

Date(s) debt was incurred

Last 4 digits of account number **C003**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

\$2,898.00

3.115
0

Nonpriority creditor's name and mailing address

MCCREADY, JOAN
2312 GLORIA ST
EL CERRITO, CA 94530-1625

Date(s) debt was incurred

Last 4 digits of account number **0**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

\$51.00

Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.115 1	Nonpriority creditor's name and mailing address MCDONALD, DEBBIE 3 EMBARCADERO CTR STE 2000 SAN FRANCISCO, CA 94111-4004 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.00
3.115 2	Nonpriority creditor's name and mailing address MCDONAUG, SUSAN 720 LIGGETT AVE SAN FRANCISCO, CA 94129 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.115 3	Nonpriority creditor's name and mailing address MCDONNELL, JULIE 1998 BROADWAY ST APT 1104 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>6227</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.00
3.115 4	Nonpriority creditor's name and mailing address MCGANN, ALLISON 1620 JONES ST APT 7 SAN FRANCISCO, CA 94109-2732 Date(s) debt was incurred ____ Last 4 digits of account number <u>7095</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$262.00
3.115 5	Nonpriority creditor's name and mailing address MCGETTIGAN, BARBARA NEAL 140 PARAISO PL SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.115 6	Nonpriority creditor's name and mailing address MCGINNIS, BERNARD 335 NE 12TH ST MCMINNVILLE, OR 97128-4713 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00
3.115 7	Nonpriority creditor's name and mailing address MCKINLEY, SARA 3921 CLAY STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>3921</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,119.00

Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.115 8	Nonpriority creditor's name and mailing address MCKLEROY, ALEXANDRA 246 LAUREL STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>8463</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
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3.115 9	Nonpriority creditor's name and mailing address MCPMAHON, KATIE 1306 ALAMEDA SAN CARLOS, CA 94070 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.116 0	Nonpriority creditor's name and mailing address MCMICKING, BRENT 2263 GREENWICH ST. SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.116 1	Nonpriority creditor's name and mailing address MCNAMARA, ROBIN 18 WORTHINGTON STREET DEDHAM, MA 02026 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.116 2	Nonpriority creditor's name and mailing address MCPHERSONS Attn: Managing Agent 957 NORTH MERIDIAN ST SUNMAN, IN 47041 Date(s) debt was incurred ____ Last 4 digits of account number <u>P001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,136.00
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3.116 3	Nonpriority creditor's name and mailing address MCQUOID, COLLEEN 5120 SACRAMENTO AVE APT.D RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
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3.116 4	Nonpriority creditor's name and mailing address MCVEIGH, CAROLYN 1050 COLLEGE AVENUE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number <u>7950</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,549.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.116 5	Nonpriority creditor's name and mailing address MEAD, CAROLINE H. 1 MARITIME PLZ FL 3 SAN FRANCISCO, CA 94111-3406 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.00
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3.116 6	Nonpriority creditor's name and mailing address MEI, ANDREA 1515 COLUMBUS AVENUE BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>9870</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.00
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3.116 7	Nonpriority creditor's name and mailing address MEIER Attn: Managing Agent SAALGASSE 22.D-6031 FRANKFURT 0, 60311 DEU Date(s) debt was incurred ____ Last 4 digits of account number <u>N005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,165.00
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3.116 8	Nonpriority creditor's name and mailing address MEISLIK, ILANA 14951 RANCHO CIR IRVINE, CA 92604-2722 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.00
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3.116 9	Nonpriority creditor's name and mailing address MELVIN, HEATHER 58 CHESTER WAY SAN MATEO, CA 94402 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
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3.117 0	Nonpriority creditor's name and mailing address MENDEL, ERICA 200 NORTH END AVENUE APT 14N NEW YORK, NY 10282 Date(s) debt was incurred ____ Last 4 digits of account number <u>3210</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$618.00
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3.117 1	Nonpriority creditor's name and mailing address MENDEL, JENNIFER 1401 WALNUT STREET APT. 605 PHILADELPHIA, PA 19102 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.117 2	Nonpriority creditor's name and mailing address MEPRA S.P.A. Attn: Managing Agent VIA MONTINI 176 LUMEZZANE BRESCIA 0, 21065 ITALY Date(s) debt was incurred ____ Last 4 digits of account number P002	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$818.00
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3.117 3	Nonpriority creditor's name and mailing address MERI-MERI Attn: Managing Agent 111 ANZA BLVD BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number R009	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117 4	Nonpriority creditor's name and mailing address MERIDITH, GOLEMON 4706 GREENE LOVE LANE WASHINGTON, VA 20115 Date(s) debt was incurred ____ Last 4 digits of account number 1240	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.117 5	Nonpriority creditor's name and mailing address MERRILL, JOANNA 2747 GREENWICH SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number 7112	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,741.00
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3.117 6	Nonpriority creditor's name and mailing address MERRILL, KATE 26 MAGNOLIA STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.00
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3.117 7	Nonpriority creditor's name and mailing address MERTZ, ELINOR 3837 26TH. ST. SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
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3.117 8	Nonpriority creditor's name and mailing address MIA FONSSAGRIVES-SOLOW Attn: Managing Agent 870 UNITED NATIONS PLAZA #29E NEW YORK, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number A001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.117 9	Nonpriority creditor's name and mailing address MICHAEL ARAM, INC. Attn: Managing Agent 2102 83RD STREET NORTH BERGEN, NJ 07047 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,488.00
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3.118 0	Nonpriority creditor's name and mailing address MICHAEL CAGLARCAN 2472 MAR EAST STREET TIBURON, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,476.00
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3.118 1	Nonpriority creditor's name and mailing address MICHAEL COZZA Attn: Managing Agent 1285 SW SW ORCHARD ST SEATTLE, WA 98106 Date(s) debt was incurred ____ Last 4 digits of account number <u>C026</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.118 2	Nonpriority creditor's name and mailing address MICHAEL FEINBERG INC Attn: Managing Agent MARA FINE SILVER - 144 DANBURY ROAD WILTON, CT 06897 Date(s) debt was incurred ____ Last 4 digits of account number <u>C004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.118 3	Nonpriority creditor's name and mailing address MICHAEL GINTHER 155 - BUCHANAN STREET #1 SAN FRANCISCO, CA 94102 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$541.00
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3.118 4	Nonpriority creditor's name and mailing address MICHAEL ZULIAN 2800 MADISON SQUARE DR STE 2 LOVELAND, CO 80538-3358 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,177.00
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3.118 5	Nonpriority creditor's name and mailing address MICHAEL, BOAL 1770 STEARNS DRIVE LOS ANGELES, CA 90035 Date(s) debt was incurred ____ Last 4 digits of account number <u>2419</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.118 6	Nonpriority creditor's name and mailing address MICHAEL, CARROLL 317 29TH STREET #202 SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number <u>7742</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$181.00
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3.118 7	Nonpriority creditor's name and mailing address MICHAEL, COX 3733 WEBSTER STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>1193</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.118 8	Nonpriority creditor's name and mailing address MICHAEL, SCHNABEL 261 W 28TH ST APT PHB NEW YORK, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number <u>9021</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.118 9	Nonpriority creditor's name and mailing address MICHEL, JOANNA 2619 LAGUNA ST SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.119 0	Nonpriority creditor's name and mailing address MICHELE TAYLOR 30 YORKSHIRE DRIVE OAKLAND, CA 94618 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.00
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3.119 1	Nonpriority creditor's name and mailing address MICHELLE, DENNEN 2841 STEINER STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>2113</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.119 2	Nonpriority creditor's name and mailing address MICHELLE, KLEINERT 500 SOUTH BUENA VISTA BURBANK, CA 91521 Date(s) debt was incurred ____ Last 4 digits of account number <u>7793</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.119
3

Nonpriority creditor's name and mailing address
MIDDLE KINGDOM
Attn: Managing Agent
2909 P ST., NW
WASHINGTON, DC 20007
 Date(s) debt was incurred ____
 Last 4 digits of account number **D001**

As of the petition filing date, the claim is: *Check all that apply.* **\$975.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.119
4

Nonpriority creditor's name and mailing address
Mieko Mintz LLC
Attn: Managing Agent
77 River St #1
Hoboken, NJ 07030-5613
 Date(s) debt was incurred ____
 Last 4 digits of account number **E002**

As of the petition filing date, the claim is: *Check all that apply.* **\$47,769.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.119
5

Nonpriority creditor's name and mailing address
MIETTE
Attn: Managing Agent
85 WEBSTER ST
OAKLAND, CA 94607
 Date(s) debt was incurred ____
 Last 4 digits of account number **E001**

As of the petition filing date, the claim is: *Check all that apply.* **\$2,876.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.119
6

Nonpriority creditor's name and mailing address
MIHO UNEXPECTED THINGS
Attn: Managing Agent
LOCALITA' ORO 6
AZZIO
0, 21030 ITALY
 Date(s) debt was incurred ____
 Last 4 digits of account number **A002**

As of the petition filing date, the claim is: *Check all that apply.* **\$2,360.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.119
7

Nonpriority creditor's name and mailing address
MIKE CANNON
1414 TIFFANY RANCH ROAD
ARROYO GRANDE, CA 93420
 Date(s) debt was incurred ____
 Last 4 digits of account number **0**

As of the petition filing date, the claim is: *Check all that apply.* **\$163.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

3.119
8

Nonpriority creditor's name and mailing address
MIKE, BROWNE
545 VENTURA AVE
SAN MATEO, CA 94403
 Date(s) debt was incurred ____
 Last 4 digits of account number **2289**

As of the petition filing date, the claim is: *Check all that apply.* **\$50.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

3.119
9

Nonpriority creditor's name and mailing address
MIKE, WILLIAMSON
1751 UNION STREET
SAN FRANCISCO, CA 94123
 Date(s) debt was incurred ____
 Last 4 digits of account number **7597**

As of the petition filing date, the claim is: *Check all that apply.* **\$50.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.120 0	Nonpriority creditor's name and mailing address MILLER, CLAIRE M. 947 JACKLING DR HILLSBOROUGH, CA 94010-6127 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.120 1	Nonpriority creditor's name and mailing address MILLER, JACQUELINE 410 BENEDICT AVE. #4-H TARRYTOWN, NY 10591 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.00
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3.120 2	Nonpriority creditor's name and mailing address MILLER, JENNIFER 2690 GERALD WAY SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.120 3	Nonpriority creditor's name and mailing address MILLER, NATALIE 7131 SW VIRGINIA AVENUE PORTLAND, OR 97219 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
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3.120 4	Nonpriority creditor's name and mailing address MILLHAM, ANN 2269 CHESTNUT ST SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.120 5	Nonpriority creditor's name and mailing address MILLHAM, ANN FERRELL 2480 BROADWAY ST SAN FRANCISCO, CA 94115-1112 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.00
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3.120 6	Nonpriority creditor's name and mailing address MILLIARD, KATHLEEN 161 OYSTER POND RD ALAMEDA, CA 94502 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.120 7	Nonpriority creditor's name and mailing address MILLIE, DEMPSEY PO BOX 315 MERIDIANVILLE, AL 35759 Date(s) debt was incurred ____ Last 4 digits of account number <u>6347</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.120 8	Nonpriority creditor's name and mailing address MILLS, EMILY 619 DIAMOND STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>4072</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,174.00
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3.120 9	Nonpriority creditor's name and mailing address MILOSEVIC, KAELA 1200 65TH ST APT 230 EMERYVILLE, CA 94608-1138 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
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3.121 0	Nonpriority creditor's name and mailing address MILTON MILLS 7902 ETHAN ALLEN LANE 31 ANNANDALE, VA 22003 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,725.00
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3.121 1	Nonpriority creditor's name and mailing address MIMI HOLHENBERG 501 IRISH RIDGE ROAD HALF MOON BAY, CA 94019 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.00
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3.121 2	Nonpriority creditor's name and mailing address MIMI MARGARETTEN, OLDS 4630 17TH STREET SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>3325</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.121 3	Nonpriority creditor's name and mailing address MIND OF CANINE, LLC Attn: Managing Agent 7916 MONTECITO PL DELRAY BEACH, FL 33446 Date(s) debt was incurred ____ Last 4 digits of account number <u>N009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,890.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.121 4	Nonpriority creditor's name and mailing address MINDEL, TONY AND ALICIA 3080 JACKSON ST SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.121 5	Nonpriority creditor's name and mailing address MINDY ROGERS 278 PARK LANE ATHERTON, CA 94027 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.121 6	Nonpriority creditor's name and mailing address MIRIAM, BARBOUR 3250 SOUTH TOWN CENTER DR. #1064 LAS VEGAS, NV 89135 Date(s) debt was incurred ____ Last 4 digits of account number <u>1500</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.121 7	Nonpriority creditor's name and mailing address MIRRO, KATHERINE 224 27TH STREET APT B SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.121 8	Nonpriority creditor's name and mailing address MISENO Attn: Managing Agent 74199 EL PASEO STE 105 PALM DESERT, CA 92260 Date(s) debt was incurred ____ Last 4 digits of account number <u>S006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 9	Nonpriority creditor's name and mailing address MITCHELL, GLADYNE K. 2000 WASHINGTON ST SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.122 0	Nonpriority creditor's name and mailing address MJ HARRIS 630 WINNETKA MEWS - APT 101 WINNETKA, IL 60093 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$477.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.122 1	Nonpriority creditor's name and mailing address MOGAVERO, DAMIAN 250 E 40TH ST APT 21E NEW YORK, NY 10016-1735 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.00
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3.122 2	Nonpriority creditor's name and mailing address MOLLY, ANDERSON 35 BOARDWALK ONE LARKSPUR, CA 94939 Date(s) debt was incurred ____ Last 4 digits of account number <u>7423</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.122 3	Nonpriority creditor's name and mailing address MONAZ, MEHTA 3318 CALIFORNIA ST APT 3 SAN FRANCISCO, CA 94118-1996 Date(s) debt was incurred ____ Last 4 digits of account number <u>1824</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.00
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3.122 4	Nonpriority creditor's name and mailing address MONDAVI, DINA 550 GATEWAY DR SUITE 220 NAPA, CA 94558 Date(s) debt was incurred ____ Last 4 digits of account number <u>8146</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,644.00
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3.122 5	Nonpriority creditor's name and mailing address MONO GMBH Attn: Managing Agent 111 SOUTH BROADWAY STE 212 ROCHESTER, MN 55904 Date(s) debt was incurred ____ Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,550.00
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3.122 6	Nonpriority creditor's name and mailing address MONRO, MARSHA 1000 MASON ST. #304 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
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3.122 7	Nonpriority creditor's name and mailing address MONTAGEWEAR Attn: Managing Agent 1053 FAIR OAKS AVE ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number <u>N023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$278.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.122 8	Nonpriority creditor's name and mailing address MONTREAL, Q,EBEC H2N 1J1 ,CAN,ARO001,,, 295,,,,,Vendor Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 9	Nonpriority creditor's name and mailing address MOON, ANA CHENEY 488 LOCUST STREET #404 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.123 0	Nonpriority creditor's name and mailing address MOORE, WILLA 2298 PACIFIC AVENUE APT 5 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0355</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.00
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3.123 1	Nonpriority creditor's name and mailing address MOOSER, ASHLEY 1459 18TH ST SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.00
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3.123 2	Nonpriority creditor's name and mailing address MORGAN ROBERTSON 1459 JEFFERSON STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.00
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3.123 3	Nonpriority creditor's name and mailing address MORK-ULNES, ALEXA 778 CLAYTON STREET SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.123 4	Nonpriority creditor's name and mailing address MORPHY, MEGAN 472 2ND STREET EAST SONOMA, CA 95476 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.123 5	Nonpriority creditor's name and mailing address MORRISON PRODUCTIONS Attn: Managing Agent 70 RINGOLD ST SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>R012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,718.00
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3.123 6	Nonpriority creditor's name and mailing address MORRISON, ANDREW 61 PARKER AVE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.00
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3.123 7	Nonpriority creditor's name and mailing address MORRISSEY, ANN 42 MANZANITA SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00
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3.123 8	Nonpriority creditor's name and mailing address MOSER, A.S. Attn: Managing Agent P.O. BOX 1353 STERLING, VA 20167 Date(s) debt was incurred ____ Last 4 digits of account number <u>S002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,707.00
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3.123 9	Nonpriority creditor's name and mailing address Moss Adams LLP Attn: Managing Agent P O Box 101822 Pasadena, CA 91189-1822 Date(s) debt was incurred ____ Last 4 digits of account number <u>S005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,475.00
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3.124 0	Nonpriority creditor's name and mailing address MOTTAHEDEH & CO INC Attn: Managing Agent 5 CORPORATE DR CRANBURY, NJ 08512 Date(s) debt was incurred ____ Last 4 digits of account number <u>T001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,783.00
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3.124 1	Nonpriority creditor's name and mailing address MOU, SIQI 41 RIVER TERRACE NUMBER 2902 NEW YORK, NY 10282 Date(s) debt was incurred ____ Last 4 digits of account number <u>8623</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.124 2	Nonpriority creditor's name and mailing address MOWLDS, ANNE 355 OCTAVIA STREET APT 33 SAN FRANCISCO, CA 94102 Date(s) debt was incurred ____ Last 4 digits of account number <u>8389</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.00
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3.124 3	Nonpriority creditor's name and mailing address MOZAFFARIAN, SHAPUR 272 POST ST. SAN FRANCISCO, CA 94108-5012 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.00
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3.124 4	Nonpriority creditor's name and mailing address MR CHRISTMAS Attn: Managing Agent ATTN: MICHAEL JOHNSON 5841 EAST SHELBY DR MEMPHIS, TN 38141-6804 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.124 5	Nonpriority creditor's name and mailing address MRK FINE ARTS DBA MONICA RICH ROSANN Attn: Managing Agent P O BOX 478 NEW CANAAN, CT 06840 Date(s) debt was incurred ____ Last 4 digits of account number <u>K001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.124 6	Nonpriority creditor's name and mailing address MUETING, TESS 2801 TURK STREET APT 102 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0380</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$540.00
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3.124 7	Nonpriority creditor's name and mailing address MUH, ALISON 1150 SACRAMENTO STREET 102 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>0536</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,083.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.124 8	Nonpriority creditor's name and mailing address MULDERRY, DANIEL 2858 WASHINGTON ST SAN FRANCISCO, CA 94115-1725 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.00
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3.124 9	Nonpriority creditor's name and mailing address MULLANIUM JEWELRY Attn: Managing Agent 575 SOUTH CYPRESS RD POMPANO BEACH, FL 33060 Date(s) debt was incurred ____ Last 4 digits of account number <u>L002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,371.00
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3.125 0	Nonpriority creditor's name and mailing address MULLINS, MARIAN 3072 JACKSON STREET SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>1458</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$949.00
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3.125 1	Nonpriority creditor's name and mailing address MUNRO, ERIN 1045 RHODE ISLAND SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.125 2	Nonpriority creditor's name and mailing address MURER, KLAUS 370 SUTTER ST. SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$532.00
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3.125 3	Nonpriority creditor's name and mailing address MURRY, JENNIFER SOMERSET 157 SEAWARD DR SANTA ROSA BEACH, FL 32459-4301 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00
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3.125 4	Nonpriority creditor's name and mailing address MUSICBOX KINGDOM INC Attn: Managing Agent 1170 HOWELL MILL RD., STE 300 ATLANTA, GA 30318 Date(s) debt was incurred ____ Last 4 digits of account number <u>S003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,258.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.125
5

Nonpriority creditor's name and mailing address
NADLER, AUGUSTA
27 KINGS HIGHWAY NORTH
WESTPORT, CT 06880

Date(s) debt was incurred _____

Last 4 digits of account number 6309

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Customer

Is the claim subject to offset? ☒ No ☐ Yes

\$260.00

3.125
6

Nonpriority creditor's name and mailing address
NADLER, LUCIE
25 HOLYOKE STREET APT 5
BOSTON, MA 02116

Date(s) debt was incurred _____

Last 4 digits of account number 2355

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Customer

Is the claim subject to offset? ☒ No ☐ Yes

\$520.00

3.125
7

Nonpriority creditor's name and mailing address
NAGEL, JANET
58 DOWITCHER WAY
SAN RAFAEL, CA 94901

Date(s) debt was incurred _____

Last 4 digits of account number 0

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Customer

Is the claim subject to offset? ☒ No ☐ Yes

\$47.00

3.125
8

Nonpriority creditor's name and mailing address
NAMAN, MONICA
746 RODNEY DR
SAN LEANDRO, CA 94577

Date(s) debt was incurred _____

Last 4 digits of account number 0

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Customer

Is the claim subject to offset? ☒ No ☐ Yes

\$43.00

3.125
9

Nonpriority creditor's name and mailing address
NAMBE
Attn: Managing Agent
P.O. BOX 633416
CINCINNATI, OH 45263-3416

Date(s) debt was incurred _____

Last 4 digits of account number M001

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

\$27,655.00

3.126
0

Nonpriority creditor's name and mailing address
NANCY AND JACK, HOM
52 LAMBETH SQUARE
MORAGA, CA 94556

Date(s) debt was incurred _____

Last 4 digits of account number 9009

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Customer

Is the claim subject to offset? ☒ No ☐ Yes

\$200.00

3.126
1

Nonpriority creditor's name and mailing address
NANCY, JONG
2483 15TH AVE
SAN FRANCISCO, CA 94116

Date(s) debt was incurred _____

Last 4 digits of account number 0938

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Customer

Is the claim subject to offset? ☒ No ☐ Yes

\$100.00

Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.126 2	Nonpriority creditor's name and mailing address NANDA, NATASHA 14625 GOLF LINKS DRIVE LOS GATOS, CA 95032 Date(s) debt was incurred ____ Last 4 digits of account number <u>1051</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$485.00
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3.126 3	Nonpriority creditor's name and mailing address NAPA HOME, LLC dba TEXTURED DESIGN NAPA Attn: Managing Agent 42 CLEMENT CT NAPA, CA 94558 Date(s) debt was incurred ____ Last 4 digits of account number <u>P005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,875.00
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3.126 4	Nonpriority creditor's name and mailing address NATALIE GARDNER 556 DUSTY LANE VERDI, NV 89439 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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3.126 5	Nonpriority creditor's name and mailing address NATASHA TURLINSKI 1327 GREENWICH STREET SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$406.00
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3.126 6	Nonpriority creditor's name and mailing address NATHAN OLIVER 1890 BROADWAY APT 106 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$738.00
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3.126 7	Nonpriority creditor's name and mailing address NATHANIEL, FAGGIOLI/ SIDA WANG 3641 WEBSTER STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>7152</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.126 8	Nonpriority creditor's name and mailing address NATHANIEL, PRENTICE 848 ROUTE 9D GARRISON, NY 10524 Date(s) debt was incurred ____ Last 4 digits of account number <u>5255</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.126 9	Nonpriority creditor's name and mailing address NATIONAL BOOK NETWORK Attn: Managing Agent BOX 536139 PITTSBURGH, PA 15253-5903 Date(s) debt was incurred ____ Last 4 digits of account number T010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$623.00
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3.127 0	Nonpriority creditor's name and mailing address NEAL & LESLIE ROSE 47 ORCHARD RD ORINDA, CA 94563 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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3.127 1	Nonpriority creditor's name and mailing address NEW COMMERCIAL CAPITAL, INC Attn: Managing Agent FBO MIRA DESIGN CORP. INDEN P O BOX 749269 LOS ANGELES, CA 90074-9269 Date(s) debt was incurred ____ Last 4 digits of account number W012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,042.00
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3.127 2	Nonpriority creditor's name and mailing address NEW YORK JEWELRY MART CORP Attn: Managing Agent 26 WEST 46TH ST NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number W004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,551.00
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3.127 3	Nonpriority creditor's name and mailing address NEWBERG, KATHARINE 1405 GREENWICH STREET APT 2 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number 7719	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,499.00
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3.127 4	Nonpriority creditor's name and mailing address NEWMAN, ELLEN 3663 WASHINGTON ST SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.00
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3.127 5	Nonpriority creditor's name and mailing address NGHIEM, PATTY 1461 SANCHEZ ST SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.127 6	Nonpriority creditor's name and mailing address NICHOLS, AMY 109 STRAFORD DRIVE SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number <u>5657</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.00
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3.127 7	Nonpriority creditor's name and mailing address NICHOLS, KATHERINE 1329 CLAY ST SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0726</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$305.00
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3.127 8	Nonpriority creditor's name and mailing address NICK ENGEL Attn: Managing Agent 833 MARKET ST 300 SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,900.00
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3.127 9	Nonpriority creditor's name and mailing address NICOLE SAAL 338 MAIN STREET 14F UNIT 562 SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$171.00
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3.128 0	Nonpriority creditor's name and mailing address NICOLE SHARIAT 1750 BEACH STREET UNIT #15 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141.00
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3.128 1	Nonpriority creditor's name and mailing address NICOLE, JONES 140 JAKUES STREET UNIT C SOMERVILLE, MA 02145 Date(s) debt was incurred ____ Last 4 digits of account number <u>7353</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.128 2	Nonpriority creditor's name and mailing address NILS, WELIN 237 LAUSSAT ST. SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0319</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.128 3	Nonpriority creditor's name and mailing address NILSSON, KATY 671 S COLUMBUS ST ALEXANDRIA, VA 22314-4162 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.00
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3.128 4	Nonpriority creditor's name and mailing address NOLAN, IRINA 2200 LEAVENWORTH #206 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.128 5	Nonpriority creditor's name and mailing address NORA BARR 3701 DIVISADERO STREET APT 305 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,280.00
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3.128 6	Nonpriority creditor's name and mailing address NORA, MICHELLE 3294 CLAY ST APT 4 SAN FRANCISCO, CA 94115-1661 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.00
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3.128 7	Nonpriority creditor's name and mailing address NORFLEET, CAROLINE 957 PRATT AVE. ST. HELENA, CA 94574 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.128 8	Nonpriority creditor's name and mailing address NORMILE, SHEILA 553 A CLIPPER ST. SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>4023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.00
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3.128 9	Nonpriority creditor's name and mailing address NOVA OF CALIFORNIA Attn: Managing Agent 6323 MAYWOOD AVE HUNTINGTON PARK, CA 90255 Date(s) debt was incurred ____ Last 4 digits of account number <u>V002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$780.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.129 0	Nonpriority creditor's name and mailing address NOYES, ELIZABETH 600 MONTGOMERY ST. 4TH. FL. SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.129 1	Nonpriority creditor's name and mailing address NOYES, ELIZABETH 1955 EDGEVIEW WAY DISCOVERY BAY, CA 94514 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.00
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3.129 2	Nonpriority creditor's name and mailing address O FLYNN, ANN 2200 E COUNTY LINE RD ARDMORE, PA 19003-3026 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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3.129 3	Nonpriority creditor's name and mailing address O.L., HOCH 55 MELANIE LN ATHERTON, CA 94027-6440 Date(s) debt was incurred ____ Last 4 digits of account number <u>7459</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.129 4	Nonpriority creditor's name and mailing address OAKLAND PACKAGING & SUPPLY Attn: Managing Agent 3200 REGATTA BLVD STE F RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number <u>K001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,304.00
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3.129 5	Nonpriority creditor's name and mailing address OBRIEN, JAMES R. 20 EVERGREEN GREEN KENTFIELD, CA 94904 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.129 6	Nonpriority creditor's name and mailing address OBRIEN, JOAN 830 YOSEMITE CT. LINCOLN, CA 95648 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.129 7	Nonpriority creditor's name and mailing address OC BRANDS, LLC Attn: Managing Agent 469 NURSEY DR N MECHANICSBURG, PA 17055 Date(s) debt was incurred ____ Last 4 digits of account number <u>W004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$401.00
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3.129 8	Nonpriority creditor's name and mailing address CONNELL, LEAH MENZIES 157 REDWOOD RD SAN ANSELMO, CA 94960 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
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3.129 9	Nonpriority creditor's name and mailing address ODGEN, SANDRA 306 LAUREL STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$204.00
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3.130 0	Nonpriority creditor's name and mailing address OKEEFFE, KATIE 2331 40TH AVE SAN FRANCISCO, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number <u>1229</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,059.00
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3.130 1	Nonpriority creditor's name and mailing address OLDS, MIMI 3409 JACKSON ST SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.00
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3.130 2	Nonpriority creditor's name and mailing address OLIVER, NATHAN 1890 BROADWAY APT 106 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>3615</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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3.130 3	Nonpriority creditor's name and mailing address OLOFF, NICOLE 51 ARGUELLO BLVD #6 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.130 4	Nonpriority creditor's name and mailing address OLOUGHLIN, CAROLINE 2428 UNION STREET APT 1 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>5984</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,147.00
3.130 5	Nonpriority creditor's name and mailing address OLSHAUSEN, BECKY 329 WEBSTER ST PALO ALTO, CA 94301-1239 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.00
3.130 6	Nonpriority creditor's name and mailing address OLSON, KRISTEN 1760 PACIFIC AVENUE APT 5 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>5098</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,372.00
3.130 7	Nonpriority creditor's name and mailing address OLYMPIC CLUB 524 POST ST. SAN FRANCISCO, CA 94102 Date(s) debt was incurred ____ Last 4 digits of account number <u>3139</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.130 8	Nonpriority creditor's name and mailing address OMALLEY, MIRIAM 103 STONE CREST CIRCLE CLARKS SUMMIT, PA 18411 Date(s) debt was incurred ____ Last 4 digits of account number <u>1626</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.00
3.130 9	Nonpriority creditor's name and mailing address ONEILL, ERIN 95 HORATIO ST APT 9A NEW YORK, NY 10014 Date(s) debt was incurred ____ Last 4 digits of account number <u>2986</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,876.00
3.131 0	Nonpriority creditor's name and mailing address ONEILL, TARYN 75 KILROY WAY ATHERTON, CA 94027 Date(s) debt was incurred ____ Last 4 digits of account number <u>6125</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,255.00

Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.131 1	Nonpriority creditor's name and mailing address OPSVIG, ARIANNA 354 TEXAS STREET SAN FRANCISCO, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number <u>7351</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$787.00
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3.131 2	Nonpriority creditor's name and mailing address ORACLE AMERICA INC Attn: Managing Agent P O BOX 203448 DALLAS, TX 75320-3448 Date(s) debt was incurred _____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,785.00
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3.131 3	Nonpriority creditor's name and mailing address ORIENTATIONS GALLERY Attn: Managing Agent ATTN SUSAN TOSK 411 EAST 53 RD ST 14-H NEW YORK, NY 10022 Date(s) debt was incurred _____ Last 4 digits of account number <u>I003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.131 4	Nonpriority creditor's name and mailing address Ornamentasia Attn: Serena Ramsey 776 Rowland Blvd Novato, CA 94947 Date(s) debt was incurred _____ Last 4 digits of account number <u>N005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,120.00
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3.131 5	Nonpriority creditor's name and mailing address ORREFORS INC Attn: Managing Agent P.O. BOX 510864 PHILADELPHIA, PA 19175-0864 Date(s) debt was incurred _____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,281.00
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3.131 6	Nonpriority creditor's name and mailing address ORTON, MARY 2101 PACIFIC STREET - SUITE 404 SAN FRANCISCO, CA 94115 Date(s) debt was incurred _____ Last 4 digits of account number <u>3578</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.00
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3.131 7	Nonpriority creditor's name and mailing address OYOBX CORP Attn: Managing Agent 3 COLUMBUS CIR 15TH FLOOR NEW YORK, NY 10019 Date(s) debt was incurred _____ Last 4 digits of account number <u>O001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,736.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.131 8	Nonpriority creditor's name and mailing address OZER, NICOLE 39 DRUM STREET SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
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3.131 9	Nonpriority creditor's name and mailing address PACIFIC CONNECTIONS Attn: Managing Agent 25589 SW CANYON CRK RD STE 800 WILSONVILLE, OR 97070 Date(s) debt was incurred ____ Last 4 digits of account number <u>C002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,155.00
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3.132 0	Nonpriority creditor's name and mailing address PACIFIC GAS & ELECTRIC Attn: Managing Agent P. O. BOX 997300 SACRAMENTO, CA 95899-7300 Date(s) debt was incurred ____ Last 4 digits of account number <u>C003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.132 1	Nonpriority creditor's name and mailing address PACIFIC LOGISTICS CORP Attn: Managing Agent 7255 ROSEMEAD BLVD PICO RIVERA, CA 90660 Date(s) debt was incurred ____ Last 4 digits of account number <u>C008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,072.00
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3.132 2	Nonpriority creditor's name and mailing address PAGE, REBA 4710 SOMERSET DR. RIVERSIDE, CA 92507 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
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3.132 3	Nonpriority creditor's name and mailing address PAHLMAYER, CLEO 835 GRANT ST. NAPA, CA 94558 Date(s) debt was incurred ____ Last 4 digits of account number <u>3998</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.00
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3.132 4	Nonpriority creditor's name and mailing address PAIGE KELLY 1193 MIGUEL AVE. LOS ALTOS, CA 94024 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,457.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.132 5	Nonpriority creditor's name and mailing address PALM PRESS, INC. Attn: Managing Agent 1442A WALNUT STREET #120 BERKELEY, CA 94709 Date(s) debt was incurred _____ Last 4 digits of account number <u>L002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,458.00
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3.132 6	Nonpriority creditor's name and mailing address PAMELA ADAMS 1001 FOURTH AVE SUITE 4330 SEATTLE, WA 98154 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
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3.132 7	Nonpriority creditor's name and mailing address PAMPALONI Attn: Managing Agent VIA DEL GELSOMINO, 99 FIRENZE 0, 50125 ITALY Date(s) debt was incurred _____ Last 4 digits of account number <u>M008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,968.00
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3.132 8	Nonpriority creditor's name and mailing address PANAS, CHRISTINA 133 WEST 17 ST APT 5C NEW YORK, NY 10011 Date(s) debt was incurred _____ Last 4 digits of account number <u>0601</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
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3.132 9	Nonpriority creditor's name and mailing address PANASCI, CAITLIN 1890 BROADWAY APT 108 SAN FRANCISCO, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number <u>0318</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$511.00
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3.133 0	Nonpriority creditor's name and mailing address PARIS, ANNE 3963 23RD STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00
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3.133 1	Nonpriority creditor's name and mailing address PARKER, ERYN 1700 CALIFORNIA STREET 902 SAN FRANCISCO, CA 94528 Date(s) debt was incurred _____ Last 4 digits of account number <u>4441</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,031.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.133 2	Nonpriority creditor's name and mailing address PARKER, NINA 2698 FILBERT STREET APT 2 SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>2718</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,562.00
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3.133 3	Nonpriority creditor's name and mailing address PARROTT, SHANNON 27 MAPLE AVE KENTFIELD, CA 94904 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.133 4	Nonpriority creditor's name and mailing address PARTRIDGE, ALISON 239 BRANNAN STREET # 2B SAN FRANCISCO, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.00
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3.133 5	Nonpriority creditor's name and mailing address PARTRIDGE, AMY 2360 PACIFIC AVENUE APT 303 SAN FRANCISCO, CA 94115 Date(s) debt was incurred _____ Last 4 digits of account number <u>1776</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,410.00
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3.133 6	Nonpriority creditor's name and mailing address Pascoe and Company Attn: Managing Agent 891 NE 125th St North Miami, FL 33161 Date(s) debt was incurred _____ Last 4 digits of account number <u>S005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,184.00
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3.133 7	Nonpriority creditor's name and mailing address PASTE Attn: Managing Agent ATTN: DENISE FIEDLER - 916 KEARNEY ST RM SAN FRANCISCO, CA 94133 Date(s) debt was incurred _____ Last 4 digits of account number <u>S002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.00
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3.133 8	Nonpriority creditor's name and mailing address PAT TSENG Attn: Managing Agent 196 CARNELIAN WAY SAN FRANCISCO, CA 94131 Date(s) debt was incurred _____ Last 4 digits of account number <u>T013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,220.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.133 9	Nonpriority creditor's name and mailing address PATRICIA AND JOHN, QUINN 6147 HUNTINGDALE CIR STOCKTON, CA 95219 Date(s) debt was incurred ____ Last 4 digits of account number <u>0167</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.134 0	Nonpriority creditor's name and mailing address PATRICIA SPRATT 60 LYME STREET OLD LYME, CT 06371 Date(s) debt was incurred ____ Last 4 digits of account number <u>T007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
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3.134 1	Nonpriority creditor's name and mailing address PATTY KIM Attn: Managing Agent DBA PATTY KIM-6040 BLVD EAST C WEST NEW YORK, NJ 07093 Date(s) debt was incurred ____ Last 4 digits of account number <u>E002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.00
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3.134 2	Nonpriority creditor's name and mailing address PATZ, HEATHER 4044 FAIRFAX DRIVE NAPA, CA 94558 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215.00
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3.134 3	Nonpriority creditor's name and mailing address PAUL, BLANC 43 CLIFFORD TER SAN FRANCISCO, CA 94117-4503 Date(s) debt was incurred ____ Last 4 digits of account number <u>1728</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.134 4	Nonpriority creditor's name and mailing address PAUL, SHIMOFF 12912 HILARY WAY REDLANDS, CA 92373 Date(s) debt was incurred ____ Last 4 digits of account number <u>9624</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.134 5	Nonpriority creditor's name and mailing address PAULA SKENE Attn: Managing Agent 1250 45TH ST STE 240 EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number <u>U005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.134 6	Nonpriority creditor's name and mailing address PAULA, CHIRHART 66 WEST 9TH ST. APT. 63 NEW YORK, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number <u>7017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.134 7	Nonpriority creditor's name and mailing address PAULETTE, SLATTERY 110 EL DORADO AVENUE DANVILLE, CA 94526 Date(s) debt was incurred ____ Last 4 digits of account number <u>2225</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.134 8	Nonpriority creditor's name and mailing address PAVER, ALLIE 438 HILLCREST ROAD SAN MATEO, CA 94402 Date(s) debt was incurred ____ Last 4 digits of account number <u>7551</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$559.00
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3.134 9	Nonpriority creditor's name and mailing address PEARLSON, GEFFAN 720 YORK STREET APT 208 SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>4761</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,173.00
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3.135 0	Nonpriority creditor's name and mailing address PEASE, WHITNEY 37 ABERDALE RD BALA CYNWYD, PA 19004-3156 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.135 1	Nonpriority creditor's name and mailing address PENDULUX Attn: Managing Agent 999 WEST CUTTING BLVD #2 RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number <u>N012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,068.00
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3.135 2	Nonpriority creditor's name and mailing address PENGUIN RANDOM HOUSE LLC Attn: Managing Agent DEPT 0919 - PO BOX 120001 DALLAS, TX 75312-0919 Date(s) debt was incurred ____ Last 4 digits of account number <u>N002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.135 3	Nonpriority creditor's name and mailing address PERKINS, DANIELLE 2280 OCTAVIA SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.00
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3.135 4	Nonpriority creditor's name and mailing address PERLMUTTER, MARTIN PO BOX 94 TIBURON, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.00
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3.135 5	Nonpriority creditor's name and mailing address PERRY, ANDREA 1917 OLD MAMMOTH ROAD #2 MAMMOTH LAKES, CA 93546 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.00
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3.135 6	Nonpriority creditor's name and mailing address PETER /ANN REGIN, READ 2025 4TH STREET BERKELEY, CA 94710 Date(s) debt was incurred ____ Last 4 digits of account number <u>5775</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.135 7	Nonpriority creditor's name and mailing address PETER HARRIS Attn: Managing Agent 3135 FRANKLIN ST SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>T016</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
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3.135 8	Nonpriority creditor's name and mailing address PETER, BOER 1270 GROVE STREET #101 SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>3005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.135 9	Nonpriority creditor's name and mailing address PETER, DAWSON 3 DUARTE CT MORAGA, CA 94556 Date(s) debt was incurred ____ Last 4 digits of account number <u>2186</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.136 0	Nonpriority creditor's name and mailing address PETER, KATZ 2930 YORBA STREET SAN FRANCISCO, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number <u>3492</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.136 1	Nonpriority creditor's name and mailing address PETERING, SEASON 250 26TH AVE SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.00
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3.136 2	Nonpriority creditor's name and mailing address PETERMAN BASKETS AND BOWLS Attn: Managing Agent P O BOX 776 TURNER FALLS, MA 01376 Date(s) debt was incurred ____ Last 4 digits of account number <u>T007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$278.00
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3.136 3	Nonpriority creditor's name and mailing address Petra Class Attn: Managing Agent 1072 Alabama St. San Francisco, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>T009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,575.00
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3.136 4	Nonpriority creditor's name and mailing address PEROMONE Attn: Managing Agent P O BOX 4451 SALEM, OR 97302 Date(s) debt was incurred ____ Last 4 digits of account number <u>E002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,760.00
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3.136 5	Nonpriority creditor's name and mailing address Philip Moulthrop Attn: Managing Agent 180 Dickerson Road Marietta, GA 30067 Date(s) debt was incurred ____ Last 4 digits of account number <u>I002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,932.00
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3.136 6	Nonpriority creditor's name and mailing address PHILIPPE DESHOULIERES, c/o BIA CONDON BL Attn: Managing Agent 41 Madison, 3rd Floor NEW YORK, NY 10010 Date(s) debt was incurred ____ Last 4 digits of account number <u>I005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,678.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.136 7	Nonpriority creditor's name and mailing address PHILLIPS, HOLLIS 425 FIRST STREET #908 SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.00
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3.136 8	Nonpriority creditor's name and mailing address PHILLIPS, PATRICK 737 POST STREET APT 716 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>3633</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$986.00
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3.136 9	Nonpriority creditor's name and mailing address PICKARD, ANN 80 WISTERIA WAY ATHERTON, CA 94027 Date(s) debt was incurred ____ Last 4 digits of account number <u>9608</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,413.00
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3.137 0	Nonpriority creditor's name and mailing address PICKARD, INC. Attn: Managing Agent 782 PICKARD AVENUE ANTIOCH, IL 60002-1574 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,735.00
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3.137 1	Nonpriority creditor's name and mailing address PICNIC TIME Attn: Managing Agent 5131 MAUREEN LANE MOORPARK, CA 93021 Date(s) debt was incurred ____ Last 4 digits of account number <u>C003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$810.00
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3.137 2	Nonpriority creditor's name and mailing address PIERCE, ASHLEE 65 BEAUMONT AVE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>3553</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,441.00
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3.137 3	Nonpriority creditor's name and mailing address PIERCE, STEPHANI 1227 HOPKINS STREET BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number <u>3141</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$516.00
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3.137 4	Nonpriority creditor's name and mailing address PILAR, LEILANI 331 FILBERT ST. SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
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3.137 5	Nonpriority creditor's name and mailing address PILLSBURY WINTHROP SHAW PITTMAN Attn: Managing Agent P O BOX 742262 LOS ANGELES, CA 90074-2262 Date(s) debt was incurred ____ Last 4 digits of account number <u>L004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,016.00
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3.137 6	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL FIN SRVCS Attn: Managing Agent P O BOX 371887 PITTSBURGH, PA 15250-7887 Date(s) debt was incurred ____ Last 4 digits of account number <u>T003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,867.00
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3.137 7	Nonpriority creditor's name and mailing address PLATTS, CHRISTOPHER 5885 BANCROFT ST. #4 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.00
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3.137 8	Nonpriority creditor's name and mailing address PLEATS PLEASE Attn: Managing Agent 119 HUDSON ST NEW YORK, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.00
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3.137 9	Nonpriority creditor's name and mailing address PLETCHER, ANGELA 2240 GOLDEN GATE AVENUE #201 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.138 0	Nonpriority creditor's name and mailing address PODELL, ALEX 2448 HYDE STREET SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.138 1	Nonpriority creditor's name and mailing address POETIC PILLOW Attn: Managing Agent 5111 TELEGRAPH AVE 186 OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number E001	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: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,046.00
3.138 2	Nonpriority creditor's name and mailing address POGUE, MARGARET PO BOX 1736 ROSS, CA 94957 Date(s) debt was incurred ____ Last 4 digits of account number 8580	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: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,206.00
3.138 3	Nonpriority creditor's name and mailing address POLLAK, CHRISTINE 1547 FRANCISCO ST SAN FRANCISCO, CA 94123-2206 Date(s) debt was incurred ____ Last 4 digits of account number 0	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: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
3.138 4	Nonpriority creditor's name and mailing address POMELLATO USA INC Attn: Managing Agent 120 EAST 56TH ST 14TH FLR NEW YORK, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number M003	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: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.138 5	Nonpriority creditor's name and mailing address PORT 68 Attn: Managing Agent 4201 WEST BELMONT AVE CHICAGO, IL 60641 Date(s) debt was incurred ____ Last 4 digits of account number R002	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: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$901.00
3.138 6	Nonpriority creditor's name and mailing address PORTER, ASHLEY 2653 LEPAGE STREET NEW ORLEANS, LA 70119 Date(s) debt was incurred ____ Last 4 digits of account number 3762	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: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,257.00
3.138 7	Nonpriority creditor's name and mailing address POTETZ, KRISTINA 2950 FILLMORE STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number 8621	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: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.00

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3.138 8	Nonpriority creditor's name and mailing address POWELL, MARY 1200 CALIFORNIA ST SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00
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3.138 9	Nonpriority creditor's name and mailing address PRIEVE, ALLISON & MICHAEL 1410 COOL SPRING DR. ALEXANDRIA, VA 22308 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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3.139 0	Nonpriority creditor's name and mailing address PROGENT CORPORATION Attn: Managing Agent PO BOX 254737 SACRAMENTO, CA 95861-4737 Date(s) debt was incurred ____ Last 4 digits of account number <u>0007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
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3.139 1	Nonpriority creditor's name and mailing address PURCHASE POWER Attn: Managing Agent P O BOX 371874 PITTSBURGH, PA 15250-7874 Date(s) debt was incurred ____ Last 4 digits of account number <u>R002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$678.00
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3.139 2	Nonpriority creditor's name and mailing address PYLE, SIMON 328 GUERRERO ST SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
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3.139 3	Nonpriority creditor's name and mailing address QUATTRIN ROOST, NOELLE 1177 CALIFORNIA ST. 612 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.00
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3.139 4	Nonpriority creditor's name and mailing address QUICK CHARGE SVCS CORP DBA CREDIT CARD S Attn: Managing Agent 4830 ARTHUR KILL RD STATEN ISLAND, NY 10309 Date(s) debt was incurred ____ Last 4 digits of account number <u>I004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,560.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.139 5	Nonpriority creditor's name and mailing address QUINT, LAUREN 720 FELL ST. APT.8 SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>6147</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$710.00
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3.139 6	Nonpriority creditor's name and mailing address QVALE, CAROLINE 461 2ND STREET NO 227 SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>5158</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,898.00
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3.139 7	Nonpriority creditor's name and mailing address R+D LAB Attn: Managing Agent 101 E PARK BLVD STE 600 PLANO, TX 75074 Date(s) debt was incurred ____ Last 4 digits of account number <u>V001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$312.00
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3.139 8	Nonpriority creditor's name and mailing address R. NICHOLS Attn: Managing Agent 2910 CORRINE DRIVE ORLANDO, FL 32803 Date(s) debt was incurred ____ Last 4 digits of account number <u>I002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
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3.139 9	Nonpriority creditor's name and mailing address R.H. & COMPANY, INC. Attn: Managing Agent 1031 SOUTH CENTRAL AVENUE GLENDALE, CA 91204 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,330.00
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3.140 0	Nonpriority creditor's name and mailing address RABIN/TAVERN, ALISON & ANDREW 130 WEST 18 STREET #160 NEW YORK, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.140 1	Nonpriority creditor's name and mailing address RAISER, HELEN 2256 HYDE ST SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.140 2	Nonpriority creditor's name and mailing address RAISER, VICTORIA 2 SPRUCE STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.140 3	Nonpriority creditor's name and mailing address RAJ, PATEL 2003 FRANKLIN ST #4 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>8822</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.140 4	Nonpriority creditor's name and mailing address RALPH LAUREN Attn: Managing Agent P.O. BOX 731265 DALLAS, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.00
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3.140 5	Nonpriority creditor's name and mailing address RAMIREZ, LISA 17 ONYX ST LARKSPUR, CA 94939-1923 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.140 6	Nonpriority creditor's name and mailing address RAMOS, CHRISTINA 498 BENTON AVE. SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.140 7	Nonpriority creditor's name and mailing address RANDOLPH, BROOKE 627 EUCLID STREET SANTA MONICA, CA 90402 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
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3.140 8	Nonpriority creditor's name and mailing address RANJINA AND VISHAL, THACKER 1050 PACIFIC AVENUE SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>1532</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.140 9	Nonpriority creditor's name and mailing address RAPAPORT, VICKI 10800 GARFIELD AVE CULVER CITY, CA 90230-4115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.141 0	Nonpriority creditor's name and mailing address RARES, SUSAN 15675 LINDBERG LANE WELLINGTON, FL 33414 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
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3.141 1	Nonpriority creditor's name and mailing address RASMUSSEN, KAYLA 4336 CALIFORNIA STREET APT NO 2 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>9976</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.00
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3.141 2	Nonpriority creditor's name and mailing address RATHMAN, JULIE 2267 FRANCISCO STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.00
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3.141 3	Nonpriority creditor's name and mailing address RAYMOND MAZZA, INC. Attn: Managing Agent 9 N. WINDSOR AVENUE BRIGHTWATER, NY 11718 Date(s) debt was incurred ____ Last 4 digits of account number <u>Y001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 4	Nonpriority creditor's name and mailing address RAYMOND, BROWN 1000 MASON STREET #503 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>4068</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.141 5	Nonpriority creditor's name and mailing address RAYMONDE, KRAMLICH 2462-FILBERT ST. SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>7974</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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NameCase number (if known) **18-14684-leb**

3.141 6	Nonpriority creditor's name and mailing address RAZ IMPORTS INC Attn: Managing Agent 1020 EDEN RD ARLINGTON, TX 76001 Date(s) debt was incurred ____ Last 4 digits of account number <u>Z001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$845.00
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3.141 7	Nonpriority creditor's name and mailing address READ, TATEM 51 EDGEWOOD AVENUE MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
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3.141 8	Nonpriority creditor's name and mailing address REBECCA, ROWAN 4 CRESTWOOD PLACE WILMINGTON, DE 19809 Date(s) debt was incurred ____ Last 4 digits of account number <u>6696</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.00
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3.141 9	Nonpriority creditor's name and mailing address RECIO, FABIOLA 1115 HARDEE RD CORAL GABLES, FL 33146-3228 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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3.142 0	Nonpriority creditor's name and mailing address RECOLOGY GOLDEN GATE Attn: Managing Agent 50 CALIFORNIA ST, 24TH FLOOR SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>C002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,439.00
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3.142 1	Nonpriority creditor's name and mailing address RECOLOGY SAN FRANCISCO Attn: Managing Agent 50 CALIFORNIA ST, 24TH FLOOR SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number <u>C003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
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3.142 2	Nonpriority creditor's name and mailing address REED BROTHERS SECURITY Attn: Managing Agent 4432 TELEGRAPH AVENUE OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number <u>E003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.142 3	Nonpriority creditor's name and mailing address REED, CHRISTINA 2632 LARKIN STREET APT 5 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>8505</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.142 4	Nonpriority creditor's name and mailing address REGENCY ENT DBA REGENCY LIGHTING Attn: Managing Agent P O BOX 205325 DALLAS, TX 75320-5325 Date(s) debt was incurred ____ Last 4 digits of account number <u>G001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,169.00
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3.142 5	Nonpriority creditor's name and mailing address REGINA-ANDREW DESIGN Attn: Managing Agent 13725 PENNSYLVANIA ROAD RIVERVIEW, MI 48193 Date(s) debt was incurred ____ Last 4 digits of account number <u>G003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,506.00
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3.142 6	Nonpriority creditor's name and mailing address REGINATO, BRIDGET 195 20TH AVENUE APT 4 SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>9886</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$784.00
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3.142 7	Nonpriority creditor's name and mailing address RELYCO Attn: Managing Agent P.O.BOX 1229 DOVER, NH 03821 Date(s) debt was incurred ____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$461.00
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3.142 8	Nonpriority creditor's name and mailing address REMBRANDT QUALITY CHARMS, LTD. Attn: Managing Agent 370 SOUTH YOUNG ROAD BUFFALO, NY 14221 Date(s) debt was incurred ____ Last 4 digits of account number <u>M001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.00
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3.142 9	Nonpriority creditor's name and mailing address REMUERA,0,Auckland 1050,NZL,KRI010,,,,, Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.143 0	Nonpriority creditor's name and mailing address REMY, WILDRICK 2001 PIERCE STREET APT 22 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>1643</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,967.00
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3.143 1	Nonpriority creditor's name and mailing address RENEE, ROBERTSON 1310 JONES ST APT 501 SAN FRANCISCO, CA 94109-4193 Date(s) debt was incurred ____ Last 4 digits of account number <u>3887</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.143 2	Nonpriority creditor's name and mailing address REUDY, RAEANNA 1020 PALOMA AVENUE BURLINGAME, CA 94101 Date(s) debt was incurred ____ Last 4 digits of account number <u>3854</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,564.00
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3.143 3	Nonpriority creditor's name and mailing address REVERA, GIGI 8572 TIMARU TRAIL RENO, NV 89523 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
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3.143 4	Nonpriority creditor's name and mailing address REYNOLDS, ERICA 50 ALVARADO PLACE BERKELEY, CA 94705 Date(s) debt was incurred ____ Last 4 digits of account number <u>7978</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.143 5	Nonpriority creditor's name and mailing address REYNOLDS, JANE 716 W CAPISTRANO WAY SAN MATEO, CA 94402 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.143 6	Nonpriority creditor's name and mailing address RGIS INVENTORY SPECIALISTS Attn: Managing Agent P. O. BOX 77631 DETROIT, MI 48277 Date(s) debt was incurred ____ Last 4 digits of account number <u>I001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,820.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.143 7	Nonpriority creditor's name and mailing address RHYU, CHRISTINE 662 ALVARADO STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>3759</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,181.00
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3.143 8	Nonpriority creditor's name and mailing address RICCI ARGENTIERI INC Attn: Managing Agent 63-15 TRAFFIC AVE RIDGEWOOD, NY 11385 Date(s) debt was incurred ____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,444.00
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3.143 9	Nonpriority creditor's name and mailing address RICE, SHANNYN 219 BRANNAN STREET 5H SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
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3.144 0	Nonpriority creditor's name and mailing address RICH, ROCHELLE 196 ESTATES DR DANVILLE, CA 94526-3939 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.144 1	Nonpriority creditor's name and mailing address RICH, WHITNEY & TANNER 12 LIBERTY ST LARKSPUR, CA 94939-1520 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.144 2	Nonpriority creditor's name and mailing address RICHARD GINORI 1735, INC. Attn: Managing Agent P O BOX 2489 SECAUCUS, NJ 07096 Date(s) debt was incurred ____ Last 4 digits of account number <u>C004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,267.00
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3.144 3	Nonpriority creditor's name and mailing address RICHARD VERNON 3701 CLAY ST #1 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.144 4	Nonpriority creditor's name and mailing address RICHARD, WILSON 350 BELL WAY ORLAND, CA 95963 Date(s) debt was incurred ____ Last 4 digits of account number <u>7315</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$291.00
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3.144 5	Nonpriority creditor's name and mailing address RICHARDSON, CHARLOTTE 565 PARK AVENUE NEW YORK, NY 10021 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.144 6	Nonpriority creditor's name and mailing address RIDOUT, MARGOT 69 PRINCE ROYAL DR CORTE MADERA, CA 94925 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.144 7	Nonpriority creditor's name and mailing address RIGAUD Attn: Managing Agent 538 WALDOBORO RD WASHINGTON, ME 05474 Date(s) debt was incurred ____ Last 4 digits of account number <u>L003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,214.00
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3.144 8	Nonpriority creditor's name and mailing address RISKAS, REGAN 4174 LA SALLE AVENUE CULVER CITY, CA 90077 Date(s) debt was incurred ____ Last 4 digits of account number <u>6975</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,098.00
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3.144 9	Nonpriority creditor's name and mailing address RITCHIE CORP Attn: Managing Agent 263 WEST 38TH ST 13TH FLOOR NEW YORK, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number <u>T004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
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3.145 0	Nonpriority creditor's name and mailing address RIVERS, MEGAN 1027 WHITE DRIVE DELRAY BEACH, FL 33483 Date(s) debt was incurred ____ Last 4 digits of account number <u>6777</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.145 1	Nonpriority creditor's name and mailing address RJF ENTERPRISES, INC DBA RIVER CERAMIC Attn: Managing Agent 905 STANTON RD OLYPHANT, PA 18447 Date(s) debt was incurred ____ Last 4 digits of account number F001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.00
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3.145 2	Nonpriority creditor's name and mailing address ROB, HOLTENG 144 TURQUISE WY SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number 5428	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.145 3	Nonpriority creditor's name and mailing address ROBANN MRKONICH 22 CREEKSIDE DR LONG LAKE, MN 55356 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201.00
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3.145 4	Nonpriority creditor's name and mailing address ROBBE & BERKING Attn: Managing Agent ZUR BLEICHE 47 FLENSBURG 0, 24941 DEU Date(s) debt was incurred ____ Last 4 digits of account number B001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,766.00
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3.145 5	Nonpriority creditor's name and mailing address ROBERT ABBEY Attn: Managing Agent 3166 MAIN AVENUE, SE HICKORY, NC 28602 Date(s) debt was incurred ____ Last 4 digits of account number B002	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$843.00
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3.145 6	Nonpriority creditor's name and mailing address ROBERT KUO Attn: Managing Agent 8686 MELROSE AVENUE LOS ANGELES, CA 90069 Date(s) debt was incurred ____ Last 4 digits of account number B006	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,310.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.145 7	Nonpriority creditor's name and mailing address ROBERT KVENILD Attn: Managing Agent 4053 BRANCIFORTE DRIVE SANTA CRUZ, CA 95065 Date(s) debt was incurred ____ Last 4 digits of account number <u>B007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,950.00
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3.145 8	Nonpriority creditor's name and mailing address ROBERT MATSCHULLAT 537 STEAMBOAT RD SUITE 200 GREENWICH, CT 06830 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$757.00
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3.145 9	Nonpriority creditor's name and mailing address ROBERT, KLEIN 40 DONALD DRIVE ORINDA, CA 94563 Date(s) debt was incurred ____ Last 4 digits of account number <u>8921</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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3.146 0	Nonpriority creditor's name and mailing address ROBERT, RODVIEN 185 BAYVIEW DR SAN RAFAEL, CA 94901 Date(s) debt was incurred ____ Last 4 digits of account number <u>4209</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
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3.146 1	Nonpriority creditor's name and mailing address ROBERT, TANENBAUM 708 NN ROXBERRY DRIVE BEVERLY HILLS, CA 90210 Date(s) debt was incurred ____ Last 4 digits of account number <u>7217</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.00
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3.146 2	Nonpriority creditor's name and mailing address ROBERTA SCHILLING COLLECTION Attn: Managing Agent 5300 NW 37 AVE MIAMI, FL 33142 Date(s) debt was incurred ____ Last 4 digits of account number <u>B013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$324.00
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3.146 3	Nonpriority creditor's name and mailing address ROBERTS, ERIC 260 ATHERTON AVE ATHERTON, CA 94027-5438 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.146 4	Nonpriority creditor's name and mailing address ROBINSON, ANNE 93 CORONET AVE MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$361.00
3.146 5	Nonpriority creditor's name and mailing address ROBINSON, CAROLE 900 N POINT ST # 401 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
3.146 6	Nonpriority creditor's name and mailing address ROBINSON, THERESE 601 WILKES ST APT 405 ALEXANDRIA, VA 22314-3754 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
3.146 7	Nonpriority creditor's name and mailing address RODERICK SHEPARD 398 WALSH ROAD ATHERTON, CA 94027 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,320.00
3.146 8	Nonpriority creditor's name and mailing address RODGERS, BILL 67 MORTON ST APT 5B NEW YORK, NY 10014-6744 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
3.146 9	Nonpriority creditor's name and mailing address RODNEY RADFORD 426 CHESTNUT PARK COURT SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.00
3.147 0	Nonpriority creditor's name and mailing address RODNEY, CLAYTON 6700 BRANCH CREEK DRIVE FORT WORTH, TX 76132 Date(s) debt was incurred ____ Last 4 digits of account number <u>5996</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

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3.147 1	Nonpriority creditor's name and mailing address ROGASKA Attn: Managing Agent 32501 COLLECTION DR CHICAGO, IL 60693-0325 Date(s) debt was incurred _____ Last 4 digits of account number <u>G001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$338.00
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3.147 2	Nonpriority creditor's name and mailing address ROGERS, AMY BABOOLAL 800 ROSSI ROAD ST. HELENA, CA 94574-9648 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.147 3	Nonpriority creditor's name and mailing address ROGERS, JENNIFER 950 CRANE STREET APT 4 MENLO PARK, CA 94025 Date(s) debt was incurred _____ Last 4 digits of account number <u>2691</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,995.00
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3.147 4	Nonpriority creditor's name and mailing address ROGERS, NEIL 630 MASON STREET APT 101 SAN FRANCISCO, CA 94109 Date(s) debt was incurred _____ Last 4 digits of account number <u>5857</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.00
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3.147 5	Nonpriority creditor's name and mailing address ROLLANDI, ELLA TWAY C/O ROLLANDI / 311 - SAINT JAMES DRIVE PIEDMONT, CA 94611 Date(s) debt was incurred _____ Last 4 digits of account number <u>3160</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$731.00
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3.147 6	Nonpriority creditor's name and mailing address ROMA SHUPE 1220 HIGH ST ALAMEDA, CA 94501-4810 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
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3.147 7	Nonpriority creditor's name and mailing address ROMANEK, TERESA 1875 S GRANT ST STE 600 SAN MATEO, CA 94402-7013 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
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NameCase number (if known) **18-14684-leb**

3.147 8	Nonpriority creditor's name and mailing address ROON, MARSHA 117 GLENWOOD AVE ATHERTON, CA 94027-3113 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.147 9	Nonpriority creditor's name and mailing address ROOST Attn: Managing Agent 200 GATE FIVE ROAD #116 SAUSALITO, CA 94965 Date(s) debt was incurred ____ Last 4 digits of account number <u>0003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,963.00
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3.148 0	Nonpriority creditor's name and mailing address ROSALER, SARAH 3001 SOUTH OCEAN DRIVEAPT. #333 HOLLYWOOD, FL 33019 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.00
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3.148 1	Nonpriority creditor's name and mailing address ROSALIND, PLISHNER 114 SAINT ALBANS ROA KENSINGTON, CA 94708 Date(s) debt was incurred ____ Last 4 digits of account number <u>6705</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.148 2	Nonpriority creditor's name and mailing address ROSANNA IMPORTS, INC Attn: Managing Agent 6755 EAST MARGINAL WAY S BLDG B SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.00
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3.148 3	Nonpriority creditor's name and mailing address ROSE ROLL 2957 DIVISADERO ST SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$319.00
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3.148 4	Nonpriority creditor's name and mailing address ROSE, MARTHA 204 3RD AVENUE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0506</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$913.00
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3.148 5	Nonpriority creditor's name and mailing address ROSELYNE, SWIG 3710 WASHINGTON STREET SAN FRANCISCO, CA 94118-1835 Date(s) debt was incurred ____ Last 4 digits of account number <u>0744</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.148 6	Nonpriority creditor's name and mailing address ROSEMARIE R., CLARK 391 LANSDALE AVENUE SAN FRANCISCO, CA 94127-1614 Date(s) debt was incurred ____ Last 4 digits of account number <u>8808</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.148 7	Nonpriority creditor's name and mailing address ROSEMARIE BUNTROCK 892 S. LAKESHORE DR FONTANA, WI 53125 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.00
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3.148 8	Nonpriority creditor's name and mailing address ROSENDIN, NATALIE 443 WHISKEY HILL RD WOODSIDE, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number <u>1681</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,649.00
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3.148 9	Nonpriority creditor's name and mailing address ROSENDIN, RAQUEL 3330 PIERCE STREET 202 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>3764</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.00
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3.149 0	Nonpriority creditor's name and mailing address ROSENTHAL & ROSENTHAL INC., FBO ROSE TRE Attn: Managing Agent P O BOX 88926 CHICAGO, IL 60695-1926 Date(s) debt was incurred ____ Last 4 digits of account number <u>S007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,292.00
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3.149 1	Nonpriority creditor's name and mailing address ROSENTHAL USA LTD, FBO ROSE TREE Attn: Managing Agent P O BOX 88926 CHICAGO, IL 60695-1926 Date(s) debt was incurred ____ Last 4 digits of account number <u>S007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.00
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3.149 2	Nonpriority creditor's name and mailing address ROSENTHAL USA LTD, FBO SAMBONET Attn: Managing Agent 355 MICHELE PL CARLSTADT, NJ 07072 Date(s) debt was incurred ____ Last 4 digits of account number <u>S005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,369.00
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3.149 3	Nonpriority creditor's name and mailing address ROSENWEIN, MARILYN 18 ARROYO SEQUOIA CARMEL, CA 93923 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.00
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3.149 4	Nonpriority creditor's name and mailing address ROSETTI, CHRISTINA 1 18TH AVENUE SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>7830</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,216.00
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3.149 5	Nonpriority creditor's name and mailing address ROSIE DANIEL Attn: Managing Agent 2222 GILMAN DR W 7 SEATTLE, WA 98119 Date(s) debt was incurred ____ Last 4 digits of account number <u>S009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 6	Nonpriority creditor's name and mailing address ROSS, MERL 2942 LINDEN AVE. BERKELEY, CA 94705 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.00
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3.149 7	Nonpriority creditor's name and mailing address ROSS, WALKER 1521 GREENFIELD AVENUE UNIT#104 LOS ANGELES, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number <u>5937</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.149 8	Nonpriority creditor's name and mailing address ROTHSTEIN, JILL & ALAIN 11726 SAN VICENTE BLVD STE 300 LOS ANGELES, CA 90049 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$707.00
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3.149 9	Nonpriority creditor's name and mailing address ROUNDTRIP NETWORKS CORPORATION Attn: Managing Agent 2106 TRUTCH ST. Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 0	Nonpriority creditor's name and mailing address ROYAL COPENHAGEN Attn: Managing Agent P O BOX 802587 CHICAGO, IL 60680-2587 Date(s) debt was incurred ____ Last 4 digits of account number T001	As of the petition filing date, the 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>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$468.00
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3.150 1	Nonpriority creditor's name and mailing address ROYSTER, DANIELLE 10 SHELLEY DRIVE # 8 MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.00
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3.150 2	Nonpriority creditor's name and mailing address RUBEL, MELISSA 514 WEST 110TH. STREET # 4-B NEW YORK, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.150 3	Nonpriority creditor's name and mailing address RUBIN, LESLIE 689 FLORIDA STREET SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.150 4	Nonpriority creditor's name and mailing address RUCKELSHAUS, JANNIE 820 37TH AVE SEATTLE, WA 98122-5225 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
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3.150 5	Nonpriority creditor's name and mailing address RUDEE, JILL 2524 ANZA ST. SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.150 6	Nonpriority creditor's name and mailing address RUDOLF FRIEDMAN INC Attn: Managing Agent 42 WEST 48TH ST 1102 NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.150 7	Nonpriority creditor's name and mailing address RUDOLF, ANDREA 1150 OXFORD RD BURLINGAME, CA 94010-3361 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
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3.150 8	Nonpriority creditor's name and mailing address RUMMO, EMILY 3635 23RD ST SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.150 9	Nonpriority creditor's name and mailing address RUPA, PARIKH 355 1ST ST # 2501 SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>9938</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
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3.151 0	Nonpriority creditor's name and mailing address Russell Trusso Fine Jewelry Attn: Managing Agent P.O. Box 616 Lakewood, OH 44107-0616 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,550.00
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3.151 1	Nonpriority creditor's name and mailing address RUSSELL, ROBIN 388 BEALE STREET SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.00
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3.151 2	Nonpriority creditor's name and mailing address RUSSO, ANGELA 2901 BUCHANAN STREET APT 7 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>1726</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,161.00
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3.151 3	Nonpriority creditor's name and mailing address RUSSO, LARA 1464 FRANCISCO STREET NO 1 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>7824</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$508.00
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3.151 4	Nonpriority creditor's name and mailing address RUTH, BARRETT 2036 LE DROIT DR S. PASADENA, CA 91030 Date(s) debt was incurred ____ Last 4 digits of account number <u>1564</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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3.151 5	Nonpriority creditor's name and mailing address RUTH, WERNER 1845 GREEN ST APT 101 SAN FRANCISCO, CA 94123-4950 Date(s) debt was incurred ____ Last 4 digits of account number <u>8611</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.151 6	Nonpriority creditor's name and mailing address RYAN, AMY 100 LAKE STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00
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3.151 7	Nonpriority creditor's name and mailing address RYAN, SHELLEY 290 GREEN STREET APT 7 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0603</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,220.00
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3.151 8	Nonpriority creditor's name and mailing address RYU, JENNY 363 N RENGSTORFF AVE APT 4 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number <u>1916</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$329.00
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3.151 9	Nonpriority creditor's name and mailing address S P B CREATIONS LLC Attn: Managing Agent 15 WEST 47TH ST 709 NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>B001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,122.00
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Debtor	Gump's Corp. <small>Name</small>		Case number (if known) 18-14684-leb
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3.152
0

Nonpriority creditor's name and mailing address
SABIRA COLLECTION
Attn: Managing Agent
2104 IRVING BLVD
DALLAS, TX 75207

Date(s) debt was incurred _____

Last 4 digits of account number **B001**

As of the petition filing date, the claim is: *Check all that apply.* **\$1,386.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.152
1

Nonpriority creditor's name and mailing address
SABRE PARIS
Attn: Managing Agent
4 ALLEE DES VERGERS
AIGREMONT
0, 78240 FRA

Date(s) debt was incurred _____

Last 4 digits of account number **B002**

As of the petition filing date, the claim is: *Check all that apply.* **\$536.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.152
2

Nonpriority creditor's name and mailing address
SACERDOTI, TOD
2106 SCOTT ST STE C
SAN FRANCISCO, CA 94115-2121

Date(s) debt was incurred _____

Last 4 digits of account number **0**

As of the petition filing date, the claim is: *Check all that apply.* **\$24.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

3.152
3

Nonpriority creditor's name and mailing address
SACKS, JODI
9 LONGVIEW CT
SAN FRANCISCO, CA 94131-1236

Date(s) debt was incurred _____

Last 4 digits of account number **0**

As of the petition filing date, the claim is: *Check all that apply.* **\$67.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

3.152
4

Nonpriority creditor's name and mailing address
SAFAVIEH CARPETS
Attn: Managing Agent
P.O. BOX 10000
UNIONDALE, NY 11555-1000

Date(s) debt was incurred _____

Last 4 digits of account number **F001**

As of the petition filing date, the claim is: *Check all that apply.* **\$560.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.152
5

Nonpriority creditor's name and mailing address
SAGUES, LAURA
3627 WEBSTER STREET
SAN FRANCISCO, CA 94123

Date(s) debt was incurred _____

Last 4 digits of account number **6188**

As of the petition filing date, the claim is: *Check all that apply.* **\$9,360.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

3.152
6

Nonpriority creditor's name and mailing address
SAIDY, SUZANNAH
1932 JEFFERSON ST.
SAN FRANCISCO, CA 94123

Date(s) debt was incurred _____

Last 4 digits of account number **0**

As of the petition filing date, the claim is: *Check all that apply.* **\$49.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.152
7

Nonpriority creditor's name and mailing address
SAIKAI TOKI TRADING, INC.
Attn: Managing Agent
101 ARENA STREET
EL SEGUNDO, CA 90245
 Date(s) debt was incurred _____
 Last 4 digits of account number **I001**

As of the petition filing date, the claim is: *Check all that apply.* **\$1,184.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.152
8

Nonpriority creditor's name and mailing address
SAL, ABAUNZA
222 SANSOME ST
SAN FRANCISCO, CA 94104
 Date(s) debt was incurred _____
 Last 4 digits of account number **1852**

As of the petition filing date, the claim is: *Check all that apply.* **\$150.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

3.152
9

Nonpriority creditor's name and mailing address
SALAMAT, SHEILA
1510 AMALFI DRIVE
PACIFIC PALISADES, CA 90272
 Date(s) debt was incurred _____
 Last 4 digits of account number **0**

As of the petition filing date, the claim is: *Check all that apply.* **\$71.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

3.153
0

Nonpriority creditor's name and mailing address
SALATINO GANDOLFO GLASS
Attn: Managing Agent
2820 BLOOMFIELD RD
SEBASTOPOL, CA 95472
 Date(s) debt was incurred _____
 Last 4 digits of account number **A010**

As of the petition filing date, the claim is: *Check all that apply.* **\$800.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.153
1

Nonpriority creditor's name and mailing address
SALISBURY INC
Attn: Managing Agent
29085 AIRPARK DR
EASTON, MD 21601
 Date(s) debt was incurred _____
 Last 4 digits of account number **L008**

As of the petition filing date, the claim is: *Check all that apply.* **\$704.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.153
2

Nonpriority creditor's name and mailing address
SALVATORE COLLARO S.R.L.
Attn: Managing Agent
Zona ASI Sud Centro Orafo "Il Tar "
Marcianise
0, 81025 ITALY
 Date(s) debt was incurred _____
 Last 4 digits of account number **L014**

As of the petition filing date, the claim is: *Check all that apply.* **\$4,310.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.153
3

Nonpriority creditor's name and mailing address
SALZBURG CREATIONS
Attn: Managing Agent
P O BOX 1121
ROCK HILL, NY 12775
 Date(s) debt was incurred _____
 Last 4 digits of account number **L010**

As of the petition filing date, the claim is: *Check all that apply.* **\$542.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.153 4	Nonpriority creditor's name and mailing address SAMANTHA, SCHNAKE 1131 HAWTHORNE LANE ELK GROVE VILLAGE, IL 60007 Date(s) debt was incurred ____ Last 4 digits of account number 1106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
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3.153 5	Nonpriority creditor's name and mailing address SAMMANN, AMANDA 566 KANSAS ST SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number 2604	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,051.00
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3.153 6	Nonpriority creditor's name and mailing address SAN FRANCISCO CHRONICLE - CC Attn: Managing Agent P O BOX 80070 PRESCOTT, AZ 86304-8070 Date(s) debt was incurred ____ Last 4 digits of account number N004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
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3.153 7	Nonpriority creditor's name and mailing address San Francisco Healthcare Attn: Managing Agent P.O. BOX 194247 SAN FRANCISCO, 94119 CA Date(s) debt was incurred ____ Last 4 digits of account number O001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,132.00
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3.153 8	Nonpriority creditor's name and mailing address San Francisco Tax Collector Attn: Managing Agent P O Box 7427 San Francisco, CA 94120-7427 Date(s) debt was incurred ____ Last 4 digits of account number N008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,571.00
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3.153 9	Nonpriority creditor's name and mailing address SAN FRANCISCO TRAVEL ASSN Attn: Managing Agent ATTN: DEVELOPMENT - ONE FRONT ST STE 2 SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number N012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.154 0	Nonpriority creditor's name and mailing address SAN MARTIN, MAYRA 757 NORTH POINT STREET #4 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>5449</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$564.00
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3.154 1	Nonpriority creditor's name and mailing address SANCHEZ MORAN, AMELIA 50 CALIFORNIA STREET 9TH FLOOR SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>1650</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.00
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3.154 2	Nonpriority creditor's name and mailing address SANDI, GARDNER 1370 EAST 25TH STREET TULSA, OK 74114 Date(s) debt was incurred ____ Last 4 digits of account number <u>6062</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.154 3	Nonpriority creditor's name and mailing address SANDRA SHORENSTEIN 148 7TH AVENUE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.00
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3.154 4	Nonpriority creditor's name and mailing address SANGIACOMO, SUSAN 18 EDGEHILL WAY SAN FRANCISCO, CA 94127 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.154 5	Nonpriority creditor's name and mailing address SANTA MARIA NOVELLA Attn: Managing Agent 285 LAFAYETTE ST NEW YORK, NY 10012 Date(s) debt was incurred ____ Last 4 digits of account number <u>N031</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,055.00
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3.154 6	Nonpriority creditor's name and mailing address SAPER, AMY 3 LUPINE AVENUE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>5189</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,784.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.154 7	Nonpriority creditor's name and mailing address SARA, MILSTEN 301 W. 57TH STREET #46A NEW YORK, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number <u>7901</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.00
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3.154 8	Nonpriority creditor's name and mailing address SARAH WENDELL 308 SPRUCE STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,992.00
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3.154 9	Nonpriority creditor's name and mailing address SARAH, KWONG 12941 BRANDYWINE CT SARATOGA, CA 95070 Date(s) debt was incurred ____ Last 4 digits of account number <u>4327</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.155 0	Nonpriority creditor's name and mailing address SARLATTE, BONNIE 2287 24TH AVENUE SAN FRANCISCO, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number <u>2238</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.00
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3.155 1	Nonpriority creditor's name and mailing address SARLO, GABRIELLA 2827 PINE ST SAN FRANCISCO, CA 94115-2511 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.00
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3.155 2	Nonpriority creditor's name and mailing address SAUNDERS, CHRISTINE 1434 TAYLOR STREET SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>2308</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,481.00
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3.155 3	Nonpriority creditor's name and mailing address SAXON CHOCOLATES Attn: Managing Agent 21 COLVILLE RD ONTARIO , M6M2Y2 CAN Date(s) debt was incurred ____ Last 4 digits of account number <u>X001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,326.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.155 4	Nonpriority creditor's name and mailing address SCHATZ, LISA 246 ELENA AVE ATHERTON, CA 94027-4125 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
3.155 5	Nonpriority creditor's name and mailing address SCHIESS, AMI 119 HIGHLAND LN MILL VALLEY, CA 94941-3564 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
3.155 6	Nonpriority creditor's name and mailing address SCHLEIDER, SARAH 2160 LEAVENWORTH ST. APT.501 SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
3.155 7	Nonpriority creditor's name and mailing address SCHLOTT, PAMELA 145 SUTRO HEIGHTS AVE SAN FRANCISCO, CA 94121-2418 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.155 8	Nonpriority creditor's name and mailing address SCHOONHOVEN, AARON 554 NORTH LUCERNE LOS ANGELES, CA 90004 Date(s) debt was incurred ____ Last 4 digits of account number <u>7720</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,655.00
3.155 9	Nonpriority creditor's name and mailing address SCHULZ, COLLEEN 525 ALMER RD APT 202 BURLINGAME, CA 94010-3955 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
3.156 0	Nonpriority creditor's name and mailing address SCHWAB, CHARLES R AND HELEN 3411 WOODSIDE RD WOODSIDE, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$920.00

Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.156 1	Nonpriority creditor's name and mailing address SCHWAB, DEIDRA 1565 JACKSON ST UNIT 3 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>7977</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
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3.156 2	Nonpriority creditor's name and mailing address SCOLLIN, ERIN 3980 19TH. ST. APT. B SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.00
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3.156 3	Nonpriority creditor's name and mailing address SCOTT HASKINS 1017 GREEN ST SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,707.00
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3.156 4	Nonpriority creditor's name and mailing address SCOTT SKLAR Attn: Managing Agent 145 VAL VISTA ROAD MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>0005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
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3.156 5	Nonpriority creditor's name and mailing address Scott Sklar 145 Val Vista Rd. Mill Valley, CA 94941 Date(s) debt was incurred <u>8/14/2017</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>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,205.82
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3.156 6	Nonpriority creditor's name and mailing address SCOTT, GRAHM 94 EAST WOOD SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number <u>3549</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.156 7	Nonpriority creditor's name and mailing address SCOTT, KARLYNN 180 BARNETT TERR. PLEASANT HILL, CA 94523 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.156 8	Nonpriority creditor's name and mailing address SCULLY, CINDY / BRIAN 240 MISSISSIPPI ST SAN FRANCISCO, CA 94107-2529 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.156 9	Nonpriority creditor's name and mailing address SCULLY, CYNTHIA 1870 JACKSON STREET APT. 204 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.157 0	Nonpriority creditor's name and mailing address SEA HUNT Attn: Managing Agent 66 CLEARY CT 601 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>A003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,150.00
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3.157 1	Nonpriority creditor's name and mailing address SEAN, COAKLEY 184 HICKORY KINGDOM ROAD BEDFORD, NY 10506 Date(s) debt was incurred ____ Last 4 digits of account number <u>0591</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.00
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3.157 2	Nonpriority creditor's name and mailing address SECURITY SERVICES, LLC/A NEUSTAR COMPANY Attn: Managing Agent A NEUSTAR COMPANY/ BANK OF AMERICA - P O ATLANTA, GA 30384-7833 Date(s) debt was incurred ____ Last 4 digits of account number <u>U002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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3.157 3	Nonpriority creditor's name and mailing address SEGURITAN, FREDERICK 207 KING STREET # 410 SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.157
4

Nonpriority creditor's name and mailing address

SEKO WORLDWIDE, LLC
Attn: Managing Agent
P O BOX 71141
CHICAGO, IL 60694-1141

Date(s) debt was incurred

Last 4 digits of account number **K001**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

\$380.00

3.157
5

Nonpriority creditor's name and mailing address

Seko Worldwide, LLC
Attn: Managing Agent
1100 Arlington Heights Road
Suite 600
Itasca, IL 60143

Date(s) debt was incurred **5/17/2018**

Last 4 digits of account number

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Note Payable dated 5/17/2018**

Is the claim subject to offset? ☒ No ☐ Yes

\$156,379.00

3.157
6

Nonpriority creditor's name and mailing address

SELAMAT DESIGNS, LTD
Attn: Managing Agent
P.O. BOX 634346
CINCINNATI, OH 45263-4346

Date(s) debt was incurred

Last 4 digits of account number **L001**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

\$672.00

3.157
7

Nonpriority creditor's name and mailing address

SERAFINI, LOREDANA
3223 HARRISON STREET
SAN FRANCISCO, CA 94110

Date(s) debt was incurred

Last 4 digits of account number **0509**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

\$1,111.00

3.157
8

Nonpriority creditor's name and mailing address

SESAR, ERICA
1402 WELLESLEY AVENUE #103
LOS ANGELES, CA 90025

Date(s) debt was incurred

Last 4 digits of account number **0**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

\$25.00

3.157
9

Nonpriority creditor's name and mailing address

SET EDITIONS
Attn: Managing Agent
PO BOX 1314
HUDSON, NY 12534

Date(s) debt was incurred

Last 4 digits of account number **T001**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

\$780.00

3.158
0

Nonpriority creditor's name and mailing address

SETIOWATI, JUNI
1139 PROSPECT AVENUE
BROOKLYN, NY 01121

Date(s) debt was incurred

Last 4 digits of account number **0036**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

\$394.00

Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.158 1	Nonpriority creditor's name and mailing address SETTINERI, ELIZABETH 345 PARK AVENUE NEW YORK, NY 10154 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.00
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3.158 2	Nonpriority creditor's name and mailing address SETTLEMIER, JONI & GRANT 451 MARINA BLVD. SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
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3.158 3	Nonpriority creditor's name and mailing address SFERRA FINE LINENS , LLC Attn: Managing Agent P O BOX 780772 PHILADELPHIA, PA 19178-0722 Date(s) debt was incurred _____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.00
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3.158 4	Nonpriority creditor's name and mailing address SHANA, BEAL 2240 GREEN ST #1 SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>8861</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.158 5	Nonpriority creditor's name and mailing address SHANA, BURNS 2935 MORGAN AVE OAKLAND, CA 94602 Date(s) debt was incurred _____ Last 4 digits of account number <u>3747</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.158 6	Nonpriority creditor's name and mailing address SHANNON BAVARO 2160 GREEN STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$426.00
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3.158 7	Nonpriority creditor's name and mailing address SHANNON, LORI 5 VIA CAPISTRANO TIBURON, CA 94920 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.158 8	Nonpriority creditor's name and mailing address SHANNON, MALLY 17801 VIA TOLEDO SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number <u>2538</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
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3.158 9	Nonpriority creditor's name and mailing address SHANNON, OKEEFE 2232 WASHINGTON STREET SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0961</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152.00
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3.159 0	Nonpriority creditor's name and mailing address SHANTALLE'S STUDIO Attn: Managing Agent 8041 KENNETH AVE SKOKIE, IL 60076 Date(s) debt was incurred ____ Last 4 digits of account number <u>A018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.00
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3.159 1	Nonpriority creditor's name and mailing address SHARKEY, JOANNA 159 COLERIDGE AVE PALO ALTO, CA 94301-3520 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.00
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3.159 2	Nonpriority creditor's name and mailing address SHARON MELODIA 188 MINNA STREET #29F SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.00
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3.159 3	Nonpriority creditor's name and mailing address SHARP, BARBARA L. 6326 SAN JOSE BLVD. WEST JACKSONVILLE, FL 32217 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.159 4	Nonpriority creditor's name and mailing address SHAW, BILL 235 MONTGOMERY ST. #1156 SAN FRANCISCO, CA 94104 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.159 5	Nonpriority creditor's name and mailing address SHEKOU, GOLNAZ 94 MT. TIBURON ROAD TIBURON, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.159 6	Nonpriority creditor's name and mailing address SHEPARD, ALEXANDRA 7 W 8TH STREET APT 2 NEW YORK, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number <u>6810</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,166.00
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3.159 7	Nonpriority creditor's name and mailing address SHEPARD, JACKIE 398 WALSH ROAD ATHERTON, CA 94027 Date(s) debt was incurred ____ Last 4 digits of account number <u>2333</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,221.00
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3.159 8	Nonpriority creditor's name and mailing address SHERI SIEGEL 3214 JACKSON ST. SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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3.159 9	Nonpriority creditor's name and mailing address SHERIDA, RENSCH ONE FRONT STREET 22ND FLOOR MAC A0195-2 SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>3893</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.160 0	Nonpriority creditor's name and mailing address SHERWIN LOH 8 NAPIER ROAD - 07 02 SINGAPORE, 258502 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.00
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3.160 1	Nonpriority creditor's name and mailing address SHIELDS, TOM 3182 CAMPUS DR. #261 SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.160 2	Nonpriority creditor's name and mailing address SHIRALEAH Attn: Managing Agent 4258 N KNOX AVE CHICAGO, IL 60641 Date(s) debt was incurred ____ Last 4 digits of account number <u>I005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
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3.160 3	Nonpriority creditor's name and mailing address SHOLEM, CAROLINE 1770 GREEN STREET APT 404 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>6306</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,384.00
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3.160 4	Nonpriority creditor's name and mailing address SHRED WORKS INC Attn: Managing Agent DEPT 34654 - P O BOX 39000 SAN FRANCISCO, CA 94139 Date(s) debt was incurred ____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.00
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3.160 5	Nonpriority creditor's name and mailing address SHUCK, ELLEN L 20 VALLEY OAK ST PORTOLA VALLEY, CA 94028-8048 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.00
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3.160 6	Nonpriority creditor's name and mailing address SHULTZ, KATE GEIER 7459-A OLD SANTA FE TRAIL SANTA FE, NM 87505 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.160 7	Nonpriority creditor's name and mailing address SIEBELIST, TARA PO BOX 9 RUTHERFORD, CA 94573 Date(s) debt was incurred ____ Last 4 digits of account number <u>3745</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.00
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3.160 8	Nonpriority creditor's name and mailing address SIEBERT, DIANA 4220 STANHOPE STREET DALLAS, TX 75205 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$874.00
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Debtor	Gump's Corp. Name _____	Case number (if known)	18-14684-leb
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3.160 9	Nonpriority creditor's name and mailing address SIERRA OFFICE SUPPLY-CC Attn: Managing Agent 9950 HORN ROAD SACRAMENTO, CA 95827 Date(s) debt was incurred _____ Last 4 digits of account number <u>E002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,697.00
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3.161 0	Nonpriority creditor's name and mailing address SIGGINS, CASS DELA CRUZ 836 BRUSSELS STREET SAN FRANCISCO, CA 94134 Date(s) debt was incurred _____ Last 4 digits of account number <u>4905</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.00
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3.161 1	Nonpriority creditor's name and mailing address SILVERADO Attn: Managing Agent SAALGASSE 22.D-6031 FRANKFURT 0, 60311 DEU Date(s) debt was incurred _____ Last 4 digits of account number <u>N005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.00
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3.161 2	Nonpriority creditor's name and mailing address SILVERGLADE, JANNA 217 THOMPSON STREET #369 NEW YORK, NY 10012 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.00
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3.161 3	Nonpriority creditor's name and mailing address SILVIA, GEORGIA 100 JUNIPERO SERRA BLVD SAN FRANCISCO, CA 94127 Date(s) debt was incurred _____ Last 4 digits of account number <u>0487</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,402.00
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3.161 4	Nonpriority creditor's name and mailing address SILVIA, SAMANTHA 2710 CABRILLO STREET APT 303 SAN FRANCISCO, CA 94121 Date(s) debt was incurred _____ Last 4 digits of account number <u>5646</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,632.00
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3.161 5	Nonpriority creditor's name and mailing address SIMON & SCHUSTER INC Attn: Managing Agent P O BOX 70660 CHICAGO, IL 60673-0660 Date(s) debt was incurred _____ Last 4 digits of account number <u>M008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,379.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.161 6	Nonpriority creditor's name and mailing address SIMON GLINSKY 464 VALLEY ST SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$443.00
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3.161 7	Nonpriority creditor's name and mailing address SIMON PEARCE Attn: Managing Agent 109 PARK RD WINDSOR, VT 05089 Date(s) debt was incurred ____ Last 4 digits of account number <u>M001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,391.00
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3.161 8	Nonpriority creditor's name and mailing address SIMONS BROTHERS CO. Attn: Managing Agent 2438 E. SERGEANT STREET PHILADELPHIA, PA 19125 Date(s) debt was incurred ____ Last 4 digits of account number <u>M003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$363.00
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3.161 9	Nonpriority creditor's name and mailing address SIMPSON, KATIE 20724 SUNRISE DR CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number <u>3676</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,787.00
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3.162 0	Nonpriority creditor's name and mailing address SINGLETON, COSIMA 1827 JONES STREET SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>5567</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,439.00
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3.162 1	Nonpriority creditor's name and mailing address SKY ELEPHANT INC Attn: Managing Agent 875 EAST SILVERADO RANCH BLVD #2251 LAS VEGAS, NV 89183 Date(s) debt was incurred ____ Last 4 digits of account number <u>Y003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$956.00
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3.162 2	Nonpriority creditor's name and mailing address SLOAN, RHONA 226 17TH AVE # A SAN FRANCISCO, CA 94121-2371 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.162 3	Nonpriority creditor's name and mailing address SMART CRAFT TECHNOLOGIES Attn: Managing Agent 10508 N MCCARRAN BLVD 115-521 RENO, NV 89503 Date(s) debt was incurred ____ Last 4 digits of account number <u>A002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$715.00
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3.162 4	Nonpriority creditor's name and mailing address SMITH, AMANDA 16 RUE SAINT CLOUD NEWPORT BEACH, CA 92660 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00
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3.162 5	Nonpriority creditor's name and mailing address SMITH, KATIE 151 BUCKINGHAM DRIVE 247 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number <u>2553</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$754.00
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3.162 6	Nonpriority creditor's name and mailing address SMITH, SARA 230 PINE LN LOS ALTOS, CA 94022-1645 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00
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3.162 7	Nonpriority creditor's name and mailing address SMOLENS, H MARCIA 3 JACKSON ST SAN FRANCISCO, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.00
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3.162 8	Nonpriority creditor's name and mailing address SMUDGE INK Attn: Managing Agent 50 TERMINAL ST BLDG 2 CHARLESTOWN, MA 02121 Date(s) debt was incurred ____ Last 4 digits of account number <u>U001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,493.00
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3.162 9	Nonpriority creditor's name and mailing address SMYK, ALIA 247 61ST STREET NEWPORT BEACH, CA 92663 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.00
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Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.163 0	Nonpriority creditor's name and mailing address SNYDER, COURTNEY 38 VAN RIPPER LANE ORINDA, CA 94563 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.163 1	Nonpriority creditor's name and mailing address SOGAS, ANGELA 1630 BALBOA AVE BURLINGAME, CA 94010-4616 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.163 2	Nonpriority creditor's name and mailing address SOIREE VALET PARKING, INC. Attn: Managing Agent 1470 HOWARD STREET SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>I002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,615.00
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3.163 3	Nonpriority creditor's name and mailing address SOLA, MONIKA 2127 LEAVENWORTH STREET SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>3499</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,820.00
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3.163 4	Nonpriority creditor's name and mailing address SOLINGLASS Attn: Managing Agent 485 WEST RIVER RD BRATTLEBORO, VT 05301 Date(s) debt was incurred ____ Last 4 digits of account number <u>L004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.163 5	Nonpriority creditor's name and mailing address SONDRA WETZEL 213 LAKE MERCED HILL NORTH SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,902.00
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3.163 6	Nonpriority creditor's name and mailing address SOROKKO, KATYA 101 BAYVIEW AVENUE BELVEDERE, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>6844</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,979.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.163 7	Nonpriority creditor's name and mailing address SOUNDS AHEAD Attn: Managing Agent 2921 HARRISON STREET OAKLAND, CA 94611-5521 Date(s) debt was incurred ____ Last 4 digits of account number <u>U001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.163 8	Nonpriority creditor's name and mailing address SPANN, WESTON 2300 OVERLOOK COURT RENO, NV 89509 Date(s) debt was incurred ____ Last 4 digits of account number <u>0785</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.00
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3.163 9	Nonpriority creditor's name and mailing address SPANOS, GUS 2517 LAKE ST SAN FRANCISCO, CA 94121-1118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
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3.164 0	Nonpriority creditor's name and mailing address SPECIALTY'S CAFE & BAKERY Attn: Managing Agent 5050 HOPYARD RD, STE 250 PLEASANTON, CA 94588 Date(s) debt was incurred ____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.00
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3.164 1	Nonpriority creditor's name and mailing address SPIN CERAMICS LLC Attn: Managing Agent 13 CROSBY ST, THE CENTER STORE NEW YORK, NY 10013 Date(s) debt was incurred ____ Last 4 digits of account number <u>I004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,433.00
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3.164 2	Nonpriority creditor's name and mailing address SPITCHLEY, MARIANNE 3044 WHEELER STREET BERKELEY, CA 94705 Date(s) debt was incurred ____ Last 4 digits of account number <u>3519</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.164 3	Nonpriority creditor's name and mailing address SS&C TECHNOLOGIES, INC Attn: Managing Agent P O BOX 416973 BOSTON, MA 02241-6973 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.164 4	Nonpriority creditor's name and mailing address STAAHL, ALLYSON 200 5TH AVE. SANTA CRUZ, CA 95062 Date(s) debt was incurred ____ Last 4 digits of account number <u>0701</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$409.00
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3.164 5	Nonpriority creditor's name and mailing address STACY, LEVESQUE 1120 LASSEN DR BELMONT, CA 94002 Date(s) debt was incurred ____ Last 4 digits of account number <u>5398</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.164 6	Nonpriority creditor's name and mailing address STAMPER, JAIME 3101 SAWTELLE BLVD APT 311 LOS ANGELES, CA 90066-1418 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.00
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3.164 7	Nonpriority creditor's name and mailing address STANLEY, ALLEGRA 118 5TH AVENUE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>4764</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.164 8	Nonpriority creditor's name and mailing address STANLEY, KATE 1510 LINCOLN AVE CALISTOGA, CA 94515 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.164 9	Nonpriority creditor's name and mailing address STAPLEMAN, ANNE MARIE 1706 MARSHALL COURT # A LOS ALTOS, CA 94024 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.165 0	Nonpriority creditor's name and mailing address STARLING, SUSANNE 3549 PIERCE SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.165 1	Nonpriority creditor's name and mailing address STEFAN, ASHLEY 933 HOUGH AVENUE #11 LAFAYETTE, CA 94549 Date(s) debt was incurred ____ Last 4 digits of account number <u>8324</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.00
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3.165 2	Nonpriority creditor's name and mailing address STEFAN, WILL 524 RICHMOND ST ELCEREDO, CA 94530 Date(s) debt was incurred ____ Last 4 digits of account number <u>1786</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.165 3	Nonpriority creditor's name and mailing address STIEFF NORTH AMERICA, INC. Attn: Managing Agent 24 ALBION RD STE0220 LINCOLN, RI 02865-3747 Date(s) debt was incurred ____ Last 4 digits of account number <u>E005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,570.00
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3.165 4	Nonpriority creditor's name and mailing address STEMERMAN, JULIA 10 MERRILL DR MORAGA, CA 94556 Date(s) debt was incurred ____ Last 4 digits of account number <u>0985</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
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3.165 5	Nonpriority creditor's name and mailing address STEPHANEY, TUNNEY 500 MINER ROAD ORINDA, CA 94563 Date(s) debt was incurred ____ Last 4 digits of account number <u>6057</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.165 6	Nonpriority creditor's name and mailing address STEPHANIE, BULL 2010 CHESTNUT ST. #401 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>9232</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.165 7	Nonpriority creditor's name and mailing address STEPHEN OLDFIELD Attn: Managing Agent 832 SUTTER ST 201 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>E011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.165 8	Nonpriority creditor's name and mailing address STEPHENS, COURTNEY 465 BUENA VISTA AVE EAST SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>4070</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,926.00
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3.165 9	Nonpriority creditor's name and mailing address STEPHENSON, NICOLE 101 ANDERSON STREET SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>1224</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
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3.166 0	Nonpriority creditor's name and mailing address STERLING NATIONAL BANK Attn: Managing Agent FACTORING & TRADE FINANCE DIVISION P O BOX 75359 CHICAGO, IL 60675-5359 Date(s) debt was incurred ____ Last 4 digits of account number <u>E037</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,241.00
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3.166 1	Nonpriority creditor's name and mailing address STEVE HENRY 930 PINE STREET APT. 103 SAN FRANCISCO, CA 94108-2947 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,213.00
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3.166 2	Nonpriority creditor's name and mailing address STEVE ROSEMAN GLASS Attn: Managing Agent 4444 24TH ST SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>E018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.00
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3.166 3	Nonpriority creditor's name and mailing address STEVENSON, LAUREN 63 ABRAMS COURT APT.700 STANFORD, CA 94305 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.166 4	Nonpriority creditor's name and mailing address STIRN, ANDREW 1340 TAYLOR ST APT 5 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number <u>8850</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,093.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.166 5	Nonpriority creditor's name and mailing address STOLPA, REBECCA 1365 FOREST AVENUE PALO ALTO, CA 94301-3037 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.166 6	Nonpriority creditor's name and mailing address STUART, ELIZABETH 12 BRODERICK ST SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.00
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3.166 7	Nonpriority creditor's name and mailing address STUDIO VERTU Attn: Managing Agent 1032 SARATOGA ST NEWPORT, KY 41071 Date(s) debt was incurred ____ Last 4 digits of account number <u>U007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
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3.166 8	Nonpriority creditor's name and mailing address STULLER Attn: Managing Agent P O BOX 87777 LAFAYETTE, LA 70598 Date(s) debt was incurred ____ Last 4 digits of account number <u>U009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,733.00
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3.166 9	Nonpriority creditor's name and mailing address SUE TAYLOR, JOHNSON PO BOX 464 ROSS, CA 94957-0464 Date(s) debt was incurred ____ Last 4 digits of account number <u>8119</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.167 0	Nonpriority creditor's name and mailing address SUGARMAN, KIRA 6 GRATTAN STREET SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.00
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3.167 1	Nonpriority creditor's name and mailing address SUGARMAN, MARILYN 11 EUCALYPTUS KNOLL ST MILL VALLEY, CA 94941-2286 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.167 2	Nonpriority creditor's name and mailing address SULLIVAN, KELLEEN 12000 FINN LANE LOS ALTOS HILLS, CA 94022 Date(s) debt was incurred ____ Last 4 digits of account number <u>1259</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$453.00
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3.167 3	Nonpriority creditor's name and mailing address SULLIVAN, LAURA 1754 LARKIN ST APT 6 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>1958</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$836.00
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3.167 4	Nonpriority creditor's name and mailing address SULLIVAN, MARY BETH 16669 ADDISON ST ENCINO, CA 91436-1057 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.00
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3.167 5	Nonpriority creditor's name and mailing address SUPPLYWORKS Attn: Managing Agent P O BOX 742440 LOS ANGELES, CA 90074-2440 Date(s) debt was incurred ____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,280.00
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3.167 6	Nonpriority creditor's name and mailing address SURYA INC Attn: Managing Agent P O BOX 896604 CHARLOTTE, NC 28289-6604 Date(s) debt was incurred ____ Last 4 digits of account number <u>R003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$524.00
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3.167 7	Nonpriority creditor's name and mailing address SUSAN GOODHUE 825 WOODLAND AVENUE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$540.00
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3.167 8	Nonpriority creditor's name and mailing address SUSAN LIN 2907 ELLA LEE LANE HOUSTON, TX 77019 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.167 9	Nonpriority creditor's name and mailing address SUSAN MAST 41 WELLINGTON COURT PORT TOWNSEND, WA 98368 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,886.00
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3.168 0	Nonpriority creditor's name and mailing address SUSAN, DE KLERK 871 HILLCREST BLVD MILLBRAE, CA 94030 Date(s) debt was incurred ____ Last 4 digits of account number <u>5030</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.168 1	Nonpriority creditor's name and mailing address SUSAN, GORE 4242 LOMO ALTO DRIVE #N53 DALLAS, TX 75219 Date(s) debt was incurred ____ Last 4 digits of account number <u>7929</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266.00
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3.168 2	Nonpriority creditor's name and mailing address SUSAN, OPSVIG 2637 ROSE ST BERKELEY, CA 94708-1920 Date(s) debt was incurred ____ Last 4 digits of account number <u>0257</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.168 3	Nonpriority creditor's name and mailing address SUSQUEHANNA GLASS COMPANY Attn: Managing Agent 731 AVENUE H COLUMBIA, PA 17512 Date(s) debt was incurred ____ Last 4 digits of account number <u>S011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,507.00
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3.168 4	Nonpriority creditor's name and mailing address SUTHERLAND, EMILIE 23411 WALSTON PLACE DR ACCOMAC, VA 23301-2101 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.168 5	Nonpriority creditor's name and mailing address SUTTER, JENNIFER MOREY 753 N KINGS RD APT 308 LOS ANGELES, CA 90069-5486 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.168 6	Nonpriority creditor's name and mailing address SUZANNE LABLANC 350 30TH AVE SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.168 7	Nonpriority creditor's name and mailing address SUZANNE, ROACH 30 DALLAS CT CHEICO, CA 95926 Date(s) debt was incurred ____ Last 4 digits of account number <u>7636</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
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3.168 8	Nonpriority creditor's name and mailing address SWEAZEY, MCKENNA 59 AUSTIN AVENUE ATHERTON, CA 94027 Date(s) debt was incurred ____ Last 4 digits of account number <u>5402</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.00
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3.168 9	Nonpriority creditor's name and mailing address SWEENEY, KEVIN 4365 E WAIOLA LOOP WAILEA, HI 96753 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00
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3.169 0	Nonpriority creditor's name and mailing address SWEET SAVANNAH, LLC Attn: Managing Agent 2421 NE 11TH ST #2 FORT LAUDERDALE, FL 33304 Date(s) debt was incurred ____ Last 4 digits of account number <u>E003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.169 1	Nonpriority creditor's name and mailing address SWIG, SAM 6072 ROSS STREET OAKLAND, CA 94618 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
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3.169 2	Nonpriority creditor's name and mailing address SWIG, SUSAN 2509 BROADWAY ST SAN FRANCISCO, CA 94115-1113 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.169 3	Nonpriority creditor's name and mailing address SYLVIA HARRIS 2100 GREEN STREET APT 704 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,104.00
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3.169 4	Nonpriority creditor's name and mailing address SYME, ALEXANDRA 2032 LARKIN STREET SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>6500</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$391.00
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3.169 5	Nonpriority creditor's name and mailing address TAJIRIAN, MICHELLE 225 CLIFTON ST. #121 OAKLAND, CA 94618 Date(s) debt was incurred ____ Last 4 digits of account number <u>9746</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,892.00
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3.169 6	Nonpriority creditor's name and mailing address TALLEY, WETTLAUER 432 E RICH ST UNIT 3K COLUMBUS, OH 43215-5373 Date(s) debt was incurred ____ Last 4 digits of account number <u>6911</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.00
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3.169 7	Nonpriority creditor's name and mailing address TAMAO, HORIGUCHI 1500 PARK AVE APT 224 EMERYVILLE, CA 94608-3531 Date(s) debt was incurred ____ Last 4 digits of account number <u>4886</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.169 8	Nonpriority creditor's name and mailing address TAMARA, SHYDLOVSKA 402 8TH AVE. APT. 402 SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>9118</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.169 9	Nonpriority creditor's name and mailing address TANANBAUM, D 3052 PACIFIC VAE SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.170 0	Nonpriority creditor's name and mailing address TANIA, NEYDAVOUD 20 SOUTHDOWN CT HILLSBOROUGH, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number <u>7832</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.170 1	Nonpriority creditor's name and mailing address TAORMINO, MEGAN 615 BUCHANAN STREET SACRAMENTO, CA 95616 Date(s) debt was incurred ____ Last 4 digits of account number <u>8214</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,454.00
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3.170 2	Nonpriority creditor's name and mailing address TARA & SONS, INC. Attn: Managing Agent 10 WEST 46TH STREET, SUITE#600 NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,500.00
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3.170 3	Nonpriority creditor's name and mailing address TARA SIEBELIST 738 MAIN STREET ST. HELENA, CA 94574 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$353.00
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3.170 4	Nonpriority creditor's name and mailing address TASTE Attn: Managing Agent CATERING & EVENT PLANNING - 201 ADRIAN MILLBRAE, CA 94030 Date(s) debt was incurred ____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,052.00
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3.170 5	Nonpriority creditor's name and mailing address TATHAM, KRISTIN 3806 CLAY SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.170 6	Nonpriority creditor's name and mailing address TATHAM, KRISTIN 3806 CLAY STREET SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.170 7	Nonpriority creditor's name and mailing address TAYLOR, ANN 310 F ST NE # E WASHINGTON, DC 20002-4931 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.00
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3.170 8	Nonpriority creditor's name and mailing address TEELE, KATHLEEN AND JOHN 1917 YACHT PURITAN NEW PORT BEACH, CA 92660 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.00
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3.170 9	Nonpriority creditor's name and mailing address TEFERTILLER, TRACY 821 STANFORD AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00
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3.171 0	Nonpriority creditor's name and mailing address TELISCHAK, KATIE 454 FREDERICK STREET SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>3657</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$171.00
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3.171 1	Nonpriority creditor's name and mailing address TENEUES Attn: Managing Agent 350 SEVENTH AVE STE 301 NEW YORK, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number <u>N001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,026.00
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3.171 2	Nonpriority creditor's name and mailing address TERACO Attn: Managing Agent ATTN: DONNA GRAY - P.O. BOX 201905 DALLAS, TX 75320-1905 Date(s) debt was incurred ____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,194.00
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3.171 3	Nonpriority creditor's name and mailing address TERMINIX PROCESSING CENTER Attn: Managing Agent PO BOX 742592 CINCINNATI, OH 45274-2592 Date(s) debt was incurred ____ Last 4 digits of account number <u>R004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$306.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.171 4	Nonpriority creditor's name and mailing address TERRI PARKER 4845 LIVE OAK CYN ROAD LA VERNE, CA 91750 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.00
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3.171 5	Nonpriority creditor's name and mailing address TERRY, GREG 1136 DRAKE AVENUE BURLINGAME, CA 94010-4915 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.00
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3.171 6	Nonpriority creditor's name and mailing address TERRY, MAZURA 414 WEST 4TH STREET STE. A SANTA ANA, CA 92701 Date(s) debt was incurred ____ Last 4 digits of account number <u>3205</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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3.171 7	Nonpriority creditor's name and mailing address THACKER, RANJINA AND VISHAL 1050 PACIFIC AVENUE SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
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3.171 8	Nonpriority creditor's name and mailing address THE 925, INC. Attn: Managing Agent 9825 OWENSMOUTH AVENUE CHATSWORTH, CA 91311 Date(s) debt was incurred ____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,680.00
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3.171 9	Nonpriority creditor's name and mailing address THE MAZZA COMPANY Attn: Managing Agent 2145 MARION PL BALDWIN, NY 11510 Date(s) debt was incurred ____ Last 4 digits of account number <u>E083</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,298.00
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3.172 0	Nonpriority creditor's name and mailing address THEODORE ALEXANDER USA INC Attn: Managing Agent P O BOX 602808 CHARLOTTE, NC 28260-2808 Date(s) debt was incurred ____ Last 4 digits of account number <u>E085</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,981.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.172
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3.172
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3.172
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3.172
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3.172
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3.172
6

Nonpriority creditor's name and mailing address

THOMAS GLENN HOLIDAYS
Attn: Managing Agent
235 CAMDEN ST -
SUITE 32 BOX 162UPS
ROCKLAND, ME 04841

Date(s) debt was incurred

Last 4 digits of account number **0010**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

\$93.00

\$6,028.00

\$1,440.00

\$645.00

\$2,130.00

\$28.00

THOMAS MAZZUCCO
3525 PIERCE STREET
SAN FRANCISCO, CA 94123

Date(s) debt was incurred

Last 4 digits of account number **0**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

THURSTON REED
Attn: Managing Agent
611 PENNSYLVANIA AVE ST #422
WASHINGTON, DC 20003

Date(s) debt was incurred

Last 4 digits of account number **U003**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

TIAA COMMERCIAL FINANCE, INC.
Attn: Managing Agent
10 WATERVIEW BLVD
PARSIPPANY, NJ 07054

Date(s) debt was incurred

Last 4 digits of account number **A003**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

TILO/ MODE APPAREL
Attn: Managing Agent
210 DON PARK RD UNIT 4 MARKHAM
ONTARIO
0, L3R 2V2 CAN

Date(s) debt was incurred

Last 4 digits of account number **L001**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

TIMBERLAKE, JANE
55 JORDAN AVENUE
SAN FRANCISCO, CA 94118

Date(s) debt was incurred

Last 4 digits of account number **0**

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.172 7	Nonpriority creditor's name and mailing address TIMLICK, KIMBERLY 2411 CHESTNUT STREET - APT 104 SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>8522</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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3.172 8	Nonpriority creditor's name and mailing address TIMON SLOANE STUDIOS Attn: Managing Agent 355 VERANO DR LOS ALTOS, CA 94022 Date(s) debt was incurred _____ Last 4 digits of account number <u>M003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,401.00
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3.172 9	Nonpriority creditor's name and mailing address TIRRELL GRAHAM 235 EAST STRAWBERRY DRIVE MILL VALLEY, CA 94941 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.00
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3.173 0	Nonpriority creditor's name and mailing address TIZO DESIGN, INC. Attn: Managing Agent 7722 DENSMORE AVE., SUITE #100 VAN NUYS, CA 91406 Date(s) debt was incurred _____ Last 4 digits of account number <u>Z001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,694.00
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3.173 1	Nonpriority creditor's name and mailing address TODD REED, INC Attn: Managing Agent P.O. BOX 4164 BOULDER, CO 80306 Date(s) debt was incurred _____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.173 2	Nonpriority creditor's name and mailing address TOKENS & ICONS Attn: Managing Agent 809 BANCROFT WAY BERKELEY, CA 94710 Date(s) debt was incurred _____ Last 4 digits of account number <u>K001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,705.00
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3.173 3	Nonpriority creditor's name and mailing address TOLLMANN, SCHYLER 1360 JONES ST APT 402 SAN FRANCISCO, CA 94109-0302 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.173 4	Nonpriority creditor's name and mailing address TOM, DEMLER 1762 FRANCES ANN DRIVE LEBANON, PA 17046 Date(s) debt was incurred ____ Last 4 digits of account number <u>8939</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.173 5	Nonpriority creditor's name and mailing address TOMERLIN, ASHLEY 202 3RD STREET #2 SAUSALITO, CA 94965 Date(s) debt was incurred ____ Last 4 digits of account number <u>2395</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.00
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3.173 6	Nonpriority creditor's name and mailing address TOMITA, YUKA 2271 CLAY ST SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.173 7	Nonpriority creditor's name and mailing address TOMMY MITCHELL COMPANY Attn: Managing Agent 620 VALLEY FORGE RD STE J HILLSBOROUGH, NC 27278 Date(s) debt was incurred ____ Last 4 digits of account number <u>M003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,010.00
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3.173 8	Nonpriority creditor's name and mailing address TONY, ESTERBROOKS 1935 MCALLISTER ST SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>9735</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.173 9	Nonpriority creditor's name and mailing address TOURMALINE HOME Attn: Managing Agent 396 MAIN ST BEACON, NY 12508 Date(s) debt was incurred ____ Last 4 digits of account number <u>U002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,644.00
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3.174 0	Nonpriority creditor's name and mailing address TRACY LARSEN 3236 PACIFIC AVENUE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.174 1	Nonpriority creditor's name and mailing address TRAEGER, JENNIFER 4376 21ST ST. SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.00
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3.174 2	Nonpriority creditor's name and mailing address TRAINA, TREVOR 2825 BROADWAY ST SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,017.00
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3.174 3	Nonpriority creditor's name and mailing address TRANSLOGIC CORP/DBA SWISSLOG Attn: Managing Agent 10825 E 47TH AVE DENVER, CO 80239 Date(s) debt was incurred ____ Last 4 digits of account number <u>A003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,579.00
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3.174 4	Nonpriority creditor's name and mailing address TRAVIS, WILSON 160 N FIRST ST # 25 REX BURG, ID 83440 Date(s) debt was incurred ____ Last 4 digits of account number <u>7016</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.174 5	Nonpriority creditor's name and mailing address TRI-GEM INDUSTRIES, INC. Attn: Managing Agent 580 FIFTH AVE., SUITE#1403 NEW YORK, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>I004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,793.00
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3.174 6	Nonpriority creditor's name and mailing address TRISHA, WOOTEN 9024 JAMAICA BEACH GALVESTON, TX 77554 Date(s) debt was incurred ____ Last 4 digits of account number <u>4957</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.174 7	Nonpriority creditor's name and mailing address TRIVEDI, MEGHA PO BOX 147 SAN FRANCISCO, CA 94104 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.174 8	Nonpriority creditor's name and mailing address TROMBLY, JACQUELINE 198 EASTWOOD DRIVE ASPEN, CO 81611 Date(s) debt was incurred ____ Last 4 digits of account number <u>9970</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.00
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3.174 9	Nonpriority creditor's name and mailing address TROUT, ANDREW 2420 HILLGUARD AVE BERKELEY, CA 94709 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
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3.175 0	Nonpriority creditor's name and mailing address TSAI, DUKE AND CHRISTINE 5992 TURNBERRY DR DUBLIN, CA 94568-7453 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.00
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3.175 1	Nonpriority creditor's name and mailing address TSCHOPP, DAVID 3905 PRENTIS LANE HOUSTON, TX 78746 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.00
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3.175 2	Nonpriority creditor's name and mailing address TSENG, JOCELYN 1265 ENCINO DR SAN MARINO, CA 91108 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
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3.175 3	Nonpriority creditor's name and mailing address TSENG, KATIE 1377 7TH AVENUE SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number <u>7150</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,373.00
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3.175 4	Nonpriority creditor's name and mailing address TUENS, TRACY 454 CHAPMAN DRIVE CORTE MADERA, CA 94925 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.175 5	Nonpriority creditor's name and mailing address TUN, TIN TIN 1793 WOODHAVEN PL MOUNTAIN VIEW, CA 94041-1781 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.00
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3.175 6	Nonpriority creditor's name and mailing address TUSK, LINDSAY / MICHAEL 470 PACIFIC AVENUE SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.175 7	Nonpriority creditor's name and mailing address TWO'S COMPANY, INC. Attn: Managing Agent GENERAL POST OFFICE - P.O. BOX 5302 NEW YORK, NY 10087-5302 Date(s) debt was incurred ____ Last 4 digits of account number <u>0003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,585.00
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3.175 8	Nonpriority creditor's name and mailing address TYLER LORY 69 FIFTH AVE. #15J NEW YORK, NY 10003 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.00
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3.175 9	Nonpriority creditor's name and mailing address TYNBERG, ALEX & ELISABETH 4 COLLINS ST SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
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3.176 0	Nonpriority creditor's name and mailing address U-PIC Attn: Managing Agent 5010 CHESEBRO RD AGOURA HILLS, CA 91301 Date(s) debt was incurred ____ Last 4 digits of account number <u>I001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,429.00
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3.176 1	Nonpriority creditor's name and mailing address ULINE Attn: Managing Agent ATTN: ACCOUNTS RECEIVABLE - P O BOX 8874 CHICAGO, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number <u>I001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,355.00
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Debtor	Gump's Corp. Name _____	Case number (if known)	18-14684-leb
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3.176 2	Nonpriority creditor's name and mailing address UNIVERSAL LUXURY CREATIONS Attn: Managing Agent 5640 NE TRIESTE WAY BOCA RATON, FL 33487 Date(s) debt was incurred _____ Last 4 digits of account number <u>I013</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,610.00
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3.176 3	Nonpriority creditor's name and mailing address UP WITH PAPER, LLC. Attn: Managing Agent 6049 HI-TEK CT MASON, OH 03136 Date(s) debt was incurred _____ Last 4 digits of account number <u>W001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$714.00
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3.176 4	Nonpriority creditor's name and mailing address UPHOFF DREYER, SARAH 228 PRINCETON RD MENLO PARK, CA 94025-5218 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.176 5	Nonpriority creditor's name and mailing address VAGABOND HOUSE Attn: Managing Agent 13328 HADLEY ST WHITTIER, CA 90601 Date(s) debt was incurred _____ Last 4 digits of account number <u>G001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,433.00
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3.176 6	Nonpriority creditor's name and mailing address VAL ALLEN 255 PAUWELA ROAD HAIKU, HI 96708 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,565.00
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3.176 7	Nonpriority creditor's name and mailing address VALE, ALLISON 73 BROOKWOOD ROAD APT 36 ORINDA, CA 94563 Date(s) debt was incurred _____ Last 4 digits of account number <u>1543</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546.00
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3.176 8	Nonpriority creditor's name and mailing address VALERIE CONFECTIONS Attn: Managing Agent 3360 WEST 1ST ST LOS ANGELES, CA 90004 Date(s) debt was incurred _____ Last 4 digits of account number <u>L002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,370.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.176 9	Nonpriority creditor's name and mailing address VAN ETTEN, MOLLY 1183 W BROOKHAVEN DR NE ATLANTA, GA 30319-3010 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.177 0	Nonpriority creditor's name and mailing address VAN INGEN, SALLY 18 HEATHER WAY MILL VALLEY, CA 94941 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.00
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3.177 1	Nonpriority creditor's name and mailing address VANCOUVER, BC, V6K 4G8 , CAN, ROU004, , , , , , , , 540, , , , , Vendor Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.177 2	Nonpriority creditor's name and mailing address VANDERHOOF, PETER 1568 SAINT FRANCIS DRIVE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.177 3	Nonpriority creditor's name and mailing address VAR RESOURCES, INC Attn: Managing Agent CONTRACT#41514104 - P O BOX 911608 DENVER, CO 80291-1608 Date(s) debt was incurred ____ Last 4 digits of account number <u>R005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,873.00
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3.177 4	Nonpriority creditor's name and mailing address VASCELLARO, JESSICA 1033 DOLORES ST. SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number <u>4660</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,297.00
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3.177 5	Nonpriority creditor's name and mailing address VAUBEL DESIGNS Attn: Managing Agent 66 DOUGLASS ST BROOKLYN, NY 11231 Date(s) debt was incurred ____ Last 4 digits of account number <u>U001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.177
6

Nonpriority creditor's name and mailing address
VERNER, TARA
151 WILDWOOD AVE
SAN CARLOS, CA 94070-4516
 Date(s) debt was incurred ____
 Last 4 digits of account number 0

As of the petition filing date, the claim is: *Check all that apply.* **\$21.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Customer

Is the claim subject to offset? ☒ No ☐ Yes

3.177
7

Nonpriority creditor's name and mailing address
VESOM, GRACE
100 FAIR OAKS LANE
ATHERTON, CA 94027
 Date(s) debt was incurred ____
 Last 4 digits of account number 2353

As of the petition filing date, the claim is: *Check all that apply.* **\$172.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Customer

Is the claim subject to offset? ☒ No ☐ Yes

3.177
8

Nonpriority creditor's name and mailing address
VETRO VERO DBA NINE IRON STUDIOS
Attn: Managing Agent
203 PROSPECT AVE
WEST GROVE, PA 19390
 Date(s) debt was incurred ____
 Last 4 digits of account number T004

As of the petition filing date, the claim is: *Check all that apply.* **\$849.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.177
9

Nonpriority creditor's name and mailing address
VICTOR & SONS, LTD
Attn: Managing Agent
126 POST ST STE 616
SAN FRANCISCO, CA 94108-4704
 Date(s) debt was incurred ____
 Last 4 digits of account number C011

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.178
0

Nonpriority creditor's name and mailing address
VICTORIA, STEIN
743 GREEN
SAN FRANCISCO, CA 94133
 Date(s) debt was incurred ____
 Last 4 digits of account number 7024

As of the petition filing date, the claim is: *Check all that apply.* **\$100.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Customer

Is the claim subject to offset? ☒ No ☐ Yes

3.178
1

Nonpriority creditor's name and mailing address
VIDIVI
Attn: Managing Agent
469 NURSEY DR N
MECHANICSBURG, PA 17055
 Date(s) debt was incurred ____
 Last 4 digits of account number W004

As of the petition filing date, the claim is: *Check all that apply.* **\$166.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.178
2

Nonpriority creditor's name and mailing address
VIGINIA, CURTIS
5440 MEADOW VISTA WAY
AGORA HILLS, CA 91301
 Date(s) debt was incurred ____
 Last 4 digits of account number 1224

As of the petition filing date, the claim is: *Check all that apply.* **\$100.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Customer

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Gump's Corp. Name	Case number (if known)	18-14684-leb
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3.178 3	Nonpriority creditor's name and mailing address VILAGALLO Attn: Managing Agent C/VELAZQUEZ 44 MADRID 0, 28001 ESP Date(s) debt was incurred ____ Last 4 digits of account number <u>L003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,667.00
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3.178 4	Nonpriority creditor's name and mailing address VILL, JULIA 3176 SACRAMENTO ST SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>2453</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,626.00
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3.178 5	Nonpriority creditor's name and mailing address VIRGINIA COCKTAIL PEANUTS Attn: Managing Agent 68 WHITE ST STE 7 #372 RED BANK, NJ 07701 Date(s) debt was incurred ____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,008.00
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3.178 6	Nonpriority creditor's name and mailing address VIRGINIA, CAMPBELL 10816 GLEN WILDING LANE BLOOMINGTON, MN 55431 Date(s) debt was incurred ____ Last 4 digits of account number <u>6516</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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3.178 7	Nonpriority creditor's name and mailing address VISTA ALEGRE USA CORP Attn: Managing Agent 16 CHAPIN RD UNIT 908 PINE BROOK, NJ 07058 Date(s) debt was incurred ____ Last 4 digits of account number <u>S004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,590.00
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3.178 8	Nonpriority creditor's name and mailing address VISUAL COMFORT Attn: Managing Agent P O BOX 974399 DALLAS, TX 75397-4399 Date(s) debt was incurred ____ Last 4 digits of account number <u>S002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.178 9	Nonpriority creditor's name and mailing address VIVAZ Attn: Managing Agent 1600 DONNER AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number <u>V001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,383.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.179 0	Nonpriority creditor's name and mailing address VOGEL, JAMIE 1900 VALLEJO STREET APT 404 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>4218</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,634.00
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3.179 1	Nonpriority creditor's name and mailing address VU, UYEN 772 AVELAR STREET PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.00
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3.179 2	Nonpriority creditor's name and mailing address W R COBB COMPANY Attn: Managing Agent 800 WATERMAN AVE EAST PROVIDENCE, RI 02914 Date(s) debt was incurred ____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,337.00
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3.179 3	Nonpriority creditor's name and mailing address WAGNER, KATHARINE MURPHY 30 BONITA ST SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>1479</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.00
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3.179 4	Nonpriority creditor's name and mailing address WAGSTAFF, ROBIN 1157 18TH AVE REDWOOD CITY, CA 94063-4412 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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3.179 5	Nonpriority creditor's name and mailing address WAKEMAN, ELIZABETH 1600 HYDE PARK SARASOTA, FL 34239 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
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3.179 6	Nonpriority creditor's name and mailing address WAKEMAN, ELIZABETH 470 PACIFIC AVENUE SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.179 7	Nonpriority creditor's name and mailing address WALLACE SILVERSMITHS Attn: Managing Agent DEPT CH 17745 PALTINE, IL 60055-7745 Date(s) debt was incurred _____ Last 4 digits of account number <u>L003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.179 8	Nonpriority creditor's name and mailing address WALTER A HAAS 33 SPRUCE ST SAN FRANCISCO, CA 94118 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$769.00
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3.179 9	Nonpriority creditor's name and mailing address WALTHER, TODD 2115 WISCONSIN AVE NW WASHINGTON, DC 20007-2214 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
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3.180 0	Nonpriority creditor's name and mailing address WANG, NANCY 739 8TH AVENUE APT 1 SAN FRANCISCO, CA 94118 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.180 1	Nonpriority creditor's name and mailing address WANG, NINA 1483 SUTTER ST APT 722 SAN FRANCISCO, CA 94109-5486 Date(s) debt was incurred _____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$282.00
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3.180 2	Nonpriority creditor's name and mailing address WANG, STACIE 49 CAPRA WAY SAN FRANCISCO, CA 94123 Date(s) debt was incurred _____ Last 4 digits of account number <u>1946</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$697.00
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3.180 3	Nonpriority creditor's name and mailing address WANTUCH, JENNIFER 225 WALNUT CREEK COURT DANVILLE, CA 94506 Date(s) debt was incurred _____ Last 4 digits of account number <u>1624</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$363.00
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Debtor	Gump's Corp. <small>Name</small>		Case number (if known) 18-14684-leb
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3.180
4

Nonpriority creditor's name and mailing address

WARY MEYERS DECORATIVE ARTS
Attn: Managing Agent
71 MIDDLE RD
CUMBERLAND CENTER, ME 04021

Date(s) debt was incurred

Last 4 digits of account number **R004**

As of the petition filing date, the claim is: *Check all that apply.* **\$766.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.180
5

Nonpriority creditor's name and mailing address

WATERFORD
Attn: Managing Agent
32501 COLLECTION DR
CHICAGO, IL 60693-0325

Date(s) debt was incurred

Last 4 digits of account number **R001**

As of the petition filing date, the claim is: *Check all that apply.* **\$733.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.180
6

Nonpriority creditor's name and mailing address

WATSON & SON
Attn: Managing Agent
210 POST ST STE 502
SAN FRANCISCO, CA 94108

Date(s) debt was incurred

Last 4 digits of account number **T002**

As of the petition filing date, the claim is: *Check all that apply.* **\$200.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.180
7

Nonpriority creditor's name and mailing address

WATTY, LINDSAY
725 EVELYN AVENUE
ALBANY, CA 94706

Date(s) debt was incurred

Last 4 digits of account number **4922**

As of the petition filing date, the claim is: *Check all that apply.* **\$771.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

3.180
8

Nonpriority creditor's name and mailing address

WEBB, CHARLES
195 14TH ST NE - PH 502
ATLANTA, GA 30309

Date(s) debt was incurred

Last 4 digits of account number **0**

As of the petition filing date, the claim is: *Check all that apply.* **\$25.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Customer**

Is the claim subject to offset? ☒ No ☐ Yes

3.180
9

Nonpriority creditor's name and mailing address

WEDGWOOD
Attn: Managing Agent
32501 COLLECTION DR
CHICAGO, IL 60693-0325

Date(s) debt was incurred

Last 4 digits of account number **R002**

As of the petition filing date, the claim is: *Check all that apply.* **\$680.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.181
0

Nonpriority creditor's name and mailing address

WEIHNACHTSLAND GMBH
Attn: Managing Agent
HAPPINGER-AU-STRATSE 1
ROSENHEIN
83026, DEU

Date(s) debt was incurred

Last 4 digits of account number **I002**

As of the petition filing date, the claim is: *Check all that apply.* **\$35.00**

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.181 1	Nonpriority creditor's name and mailing address WEINBERG, AMANDA 406 PINE FOREST ROAD ATLANTA, GA 30342 Date(s) debt was incurred ____ Last 4 digits of account number 3015	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447.00
3.181 2	Nonpriority creditor's name and mailing address WEISBERGER, ROBIN 1409A NOE ST SAN FRANCISCO, CA 94131-1926 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.00
3.181 3	Nonpriority creditor's name and mailing address WEISSGLASS, JONATHAN 833 DOUGLAS STREET SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.00
3.181 4	Nonpriority creditor's name and mailing address WEISSMAN, LUCIE & GERALD 1840 ELMWOOD RD HILLSBOROUGH, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
3.181 5	Nonpriority creditor's name and mailing address WELLES DELANY, DANA 2522 BEVERLY AVE SANTA MONICA, CA 90405 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$825.00
3.181 6	Nonpriority creditor's name and mailing address WELTER, CONOR 821 BURNETT AVENUE APT 1 SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number 0432	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,138.00
3.181 7	Nonpriority creditor's name and mailing address WENDY J WARREN 550 WHISKEY HILL ROAD WOODSIDE, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number 0	As of the petition filing date, the 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>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,244.00

Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.181 8	Nonpriority creditor's name and mailing address WENDY M, BLAKE 32 MONTGOMERY STREET BOSTON, MA 02116 Date(s) debt was incurred ____ Last 4 digits of account number <u>2628</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266.00
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3.181 9	Nonpriority creditor's name and mailing address WESTLAKE, ELIZABETH 621 NORTH BEVERLY DRIVE BEVERLY HILLS, CA 90210 Date(s) debt was incurred ____ Last 4 digits of account number <u>1104</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,788.00
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3.182 0	Nonpriority creditor's name and mailing address WHELAN, NATALIE 3151 FRANKLIN ST APT 11 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>9263</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,113.00
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3.182 1	Nonpriority creditor's name and mailing address WHERRY, KATE 1405 11TH AVENUE SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
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3.182 2	Nonpriority creditor's name and mailing address WHITE, JESSICA 3235 - GOUGH STREET # 304 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
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3.182 3	Nonpriority creditor's name and mailing address WHITNEY WILDRICK 230 UPPER TERRACE SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,738.00
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3.182 4	Nonpriority creditor's name and mailing address WIDDOWSON, AMY 26 BELLAIR PLACE SAN FRANCISCO, CA 94133 Date(s) debt was incurred ____ Last 4 digits of account number <u>3239</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.182 5	Nonpriority creditor's name and mailing address WIEBE, HENDY 201 GLENVIEW DR SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
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3.182 6	Nonpriority creditor's name and mailing address WILCOX, JENN 215 COWPER STREET UNIT B PALO ALTO, CA 94301 Date(s) debt was incurred ____ Last 4 digits of account number <u>0275</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,448.00
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3.182 7	Nonpriority creditor's name and mailing address WILD & WOLF INC Attn: Managing Agent 432 PARK AVE SOUTH 15TH FLR NEW YORK, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,130.00
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3.182 8	Nonpriority creditor's name and mailing address WILD, NELSON 832 EUCLID AVE SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00
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3.182 9	Nonpriority creditor's name and mailing address WILDBERG, JEAN 2728 UNION ST SAN FRANCISCO, CA 94123-3808 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.183 0	Nonpriority creditor's name and mailing address WILL, CROWE 50 NORTH SAN MATEO DR #202 SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number <u>5141</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.00
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3.183 1	Nonpriority creditor's name and mailing address WILLA MOORE 2298 PACIFIC AVENUE APT 5 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.183 2	Nonpriority creditor's name and mailing address WILLIAM AMARAL 690 MARKET - 1602 SAN FRANCISCO, CA 94104 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,643.00
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3.183 3	Nonpriority creditor's name and mailing address WILLIAM HENRY KNIVES INC Attn: Managing Agent 3200 NE RIVERGATE ST MCMINNVILLE, OR 97128 Date(s) debt was incurred ____ Last 4 digits of account number <u>L017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,876.00
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3.183 4	Nonpriority creditor's name and mailing address WILLIAM YEOWARD CRYSTAL Attn: Managing Agent 41 MADISON AVE 13TH FLOOR NEW YORK, NY 10010 Date(s) debt was incurred ____ Last 4 digits of account number <u>L010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,882.00
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3.183 5	Nonpriority creditor's name and mailing address WILLIAMS, EMILY 1250 JONES STREET UNIT 1301 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number <u>0309</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.00
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3.183 6	Nonpriority creditor's name and mailing address WILLKE, COLLEEN 3301 GOLDEN RAIN RD. #3 - ENTRY 25 WALNUT CREEK, CA 94595 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.183 7	Nonpriority creditor's name and mailing address WILSEY, DIANE B. 2590 JACKSON STREET SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.00
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3.183 8	Nonpriority creditor's name and mailing address WILSON, NATALIE 2801 JACKSON STREET 303 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>2962</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,325.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.183 9	Nonpriority creditor's name and mailing address WINKLER, BROOKE 290 ALHAMBRA STREET NO 16 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0949</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,295.00
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3.184 0	Nonpriority creditor's name and mailing address WINWARD INTERNATIONAL Attn: Managing Agent 42760 ALBRAE ST FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number <u>N003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,370.00
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3.184 1	Nonpriority creditor's name and mailing address WIRTH, DEANNE 1059 TILLER DR INCLINE VILLAGE, NV 89451-9315 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.00
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3.184 2	Nonpriority creditor's name and mailing address WITTLINGER, GWENDOLYN 301 MISSION STREET UNIT 30A SAN FRANCISCO, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number <u>2784</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$845.00
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3.184 3	Nonpriority creditor's name and mailing address WOLF DESIGNS, INC. Attn: Managing Agent 332 HINDRY AVE INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,592.00
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3.184 4	Nonpriority creditor's name and mailing address WOLFF, STEFANI 165 JERSEY ST SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.184 5	Nonpriority creditor's name and mailing address WOLK, TINA & GARY 1080 CHESTNUT ST APT 14A SAN FRANCISCO, CA 94109-1207 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.184 6	Nonpriority creditor's name and mailing address WOLLACK, SHANNON 900 S WESTGATE AVE NUMBER PH4 LOS ANGELES, CA 90049 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.00
3.184 7	Nonpriority creditor's name and mailing address WONG, FLORA 119 E COURT LN FOSTER CITY, CA 94404-2138 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.00
3.184 8	Nonpriority creditor's name and mailing address WONG, JOHN 47417 AVALON HEIGHTS TERRACE FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.184 9	Nonpriority creditor's name and mailing address WOO, CHELSEA 618 WEST POPLAR AVE SAN MATEO, CA 94402 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.00
3.185 0	Nonpriority creditor's name and mailing address WOOD, HELEN 877 SUNNY HILLS ROAD OAKLAND, CA 94610 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.185 1	Nonpriority creditor's name and mailing address WOODHOUSE CHOCOLATE Attn: Managing Agent 1367 MAIN ST ST HELENA, CA 94574 Date(s) debt was incurred ____ Last 4 digits of account number <u>0002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,794.00
3.185 2	Nonpriority creditor's name and mailing address WOOLLEY, MICHELE 315 HOMER AVE PALO ALTO, CA 94301 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00

Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.185 3	Nonpriority creditor's name and mailing address WORRARUJI, ATINUCH 8 TENTH ST APT 3004 SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
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3.185 4	Nonpriority creditor's name and mailing address WRIGHT, MARINA 22 GREENWOOD CT ORINDA, CA 94563-3611 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.00
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3.185 5	Nonpriority creditor's name and mailing address WUNDROW, JENNIFER PATTON 20 HILL DRIVE KENTFIELD, CA 94904 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67.00
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3.185 6	Nonpriority creditor's name and mailing address WWRD US, LLC Attn: Managing Agent FBO ROGASKA 32501 COLLECTION DR CHICAGO, IL 60693-0325 Date(s) debt was incurred ____ Last 4 digits of account number <u>R003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,615.00
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3.185 7	Nonpriority creditor's name and mailing address WYMAN, MEGAN 3446 CLAY ST SAN FRANCISCO, CA 94118 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.00
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3.185 8	Nonpriority creditor's name and mailing address XIAOLONG LI 19500 BROOKLINE DRIVE SONOMA, CA 95476 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$309.00
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3.185 9	Nonpriority creditor's name and mailing address XU, JAYEE 2626 UNION ST. APT. #3 SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.186 0	Nonpriority creditor's name and mailing address XYZ STUDIO Attn: Managing Agent 448 IGNACIO BLVD.,#174 NOVATO, CA 94949 Date(s) debt was incurred ____ Last 4 digits of account number <u>Z001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$913.00
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3.186 1	Nonpriority creditor's name and mailing address YAMAGUCHI, KRISTI 1203 PRESERVATION PARK WAY # S-103 OAKLAND, CA 94612-1235 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174.00
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3.186 2	Nonpriority creditor's name and mailing address YANG LI Attn: Managing Agent 720 S WOLFE RD UNIT 203 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number <u>N005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
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3.186 3	Nonpriority creditor's name and mailing address YEOHLEE NY Attn: Managing Agent 12 W 29TH ST NEW YORK, NY 10001 Date(s) debt was incurred ____ Last 4 digits of account number <u>O001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00
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3.186 4	Nonpriority creditor's name and mailing address YIM-LING LAI, EMERY 2947 BAYWALK RD ALAMEDA, CA 94502-7912 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.00
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3.186 5	Nonpriority creditor's name and mailing address YOKOE, CHIEKO 465 CALIFORNIA ST STE 610 SAN FRANCISCO, CA 94104-1816 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.00
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3.186 6	Nonpriority creditor's name and mailing address YOLLES, JON & STACEY 151 3RD ST SAN FRANCISCO, CA 94103-3107 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.186 7	Nonpriority creditor's name and mailing address YON, LERNER 1729 PIERCE SY SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>9968</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.186 8	Nonpriority creditor's name and mailing address YOUNG, ALANA 2722 GREEN STREET SAN FRANCISCO, CA 94123 Date(s) debt was incurred ____ Last 4 digits of account number <u>7033</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$665.00
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3.186 9	Nonpriority creditor's name and mailing address YP Attn: Managing Agent P O BOX 5010 CAROL STREAM, IL 60197-5010 Date(s) debt was incurred ____ Last 4 digits of account number <u>L002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$947.00
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3.187 0	Nonpriority creditor's name and mailing address ZANZE, ANTHONY 99 RANCHO DRIVE TIBURON, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.00
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3.187 1	Nonpriority creditor's name and mailing address ZARETSKY, LIANA 199 MASSACHUSETTS AVE. #709 BOSTON, MA 02115 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
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3.187 2	Nonpriority creditor's name and mailing address ZECHES, CHARLEY 17 HILLSIDE AVENUE KENTFIELD, CA 94904 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.187 3	Nonpriority creditor's name and mailing address ZECKENDORF, JENNY 2855 JACKSON STREET APT 102 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number <u>2535</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,323.00
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Debtor	Gump's Corp. <small>Name</small>	Case number (if known)	18-14684-leb
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3.187 4	Nonpriority creditor's name and mailing address ZEFF, STEPHANIE 909 BRADY AVE MODESTO, CA 95350 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.00
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3.187 5	Nonpriority creditor's name and mailing address ZELINSKY, MIRIAM 74 LAGOON ROAD BELVEDERE, CA 94920 Date(s) debt was incurred ____ Last 4 digits of account number <u>4238</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,587.00
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3.187 6	Nonpriority creditor's name and mailing address ZEMAN, JOHN PO BOX 465 GEYSERVILLE, CA 95441 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.00
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3.187 7	Nonpriority creditor's name and mailing address ZITA, SAUREL 21-24 MILLBANK TOWER 30FL. LONDON, UK SW1P 4QP Date(s) debt was incurred ____ Last 4 digits of account number <u>9185</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$595.00
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3.187 8	Nonpriority creditor's name and mailing address ZLOT, MARY 765 MARKET APT 33 D SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.00
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3.187 9	Nonpriority creditor's name and mailing address ZODAX Attn: Managing Agent 14040 ARMINTA STREET PANORAMA CITY, CA 91402 Date(s) debt was incurred ____ Last 4 digits of account number <u>D001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$619.00
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3.188 0	Nonpriority creditor's name and mailing address ZOLFAGHARI, LOUISE 3417 STACEY COURT MT. VIEW, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
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Debtor **Gump's Corp.**
NameCase number (if known) **18-14684-leb**

3.188 1	Nonpriority creditor's name and mailing address ZWEIG, ALLISON 1449 WYNKOOP ST. UNIT 608 DENVER, CO 80202 Date(s) debt was incurred ____ Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Customer Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174.00
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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 Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Fox Rothschild Attn: Jeffrey Widman 321 N. Clark Suite 800 Chicago, IL 60654	Line <u>3.1037</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	Hugh L. Marshall 605 West 47th Street, Ste 350 Kansas City, MO 64112	Line <u>3.341</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	LSC Communications Attn: Daniel Pevonka 4101 Winfield Rd. Warrenville, IL 60555	Line <u>3.1037</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.

5a. Total claims from Part 1

5b. Total claims from Part 2

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

Total of claim amounts	
5a.	\$ <u>446,600.00</u>
5b. +	\$ <u>6,561,448.98</u>
5c.	\$ <u>7,008,048.98</u>

Fill in this information to identify the case:Debtor name **Gump's Corp.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **18-14684-leb**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement, as amended and modified**

State the term remaining

N/A

List the contract number of any government contract

N/A**Assurance Partners, LLP
Attn: Tony Lopez
3132 La Suvida Dr.
Los Angeles, CA 90068**2.2. State what the contract or lease is for and the nature of the debtor's interest **Custodial Loan Agreement dated 3/14/2005 for Asian decorative fixture ("the Buddha")**

State the term remaining

N/A

List the contract number of any government contract

N/A**J.G. Chachas Trust U/D/T
211 Central Park West, 5-F
New York, NY 10024**

Fill in this information to identify the case:

Debtor name Gump's Corp.

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) 18-14684-leb

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

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

1. Do you have any codebtors?

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

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

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Gump's By Mail, Inc.	135 Post Street San Francisco, CA 94108	Sterling National Bank	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Gump's By Mail, Inc.	135 Post Street San Francisco, CA 94108	Corporate Partners II, Ltd.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Gump's By Mail, Inc.	135 Post Street San Francisco, CA 94108	Corporate Partners II Ltd	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Gump's By Mail, Inc.	135 Post Street San Francisco, CA 94108	Seaker & Sons	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Gump's By Mail, Inc.	135 Post Street San Francisco, CA 94108	Sterling Business Credit, LLC	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Gump's Corp.**Case number (if known) **18-14684-leb****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Gump's By Mail, Inc.	135 Post Street San Francisco, CA 94108	Sterling Business Credit, LLC	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Gump's By Mail, Inc.	135 Post Street San Francisco, CA 94108	Methuselah Capital Partners L.P.	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Gump's Holdings, LLC	135 Post Street San Francisco, CA 94108	Sterling National Bank	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Gump's Holdings, LLC	135 Post Street San Francisco, CA 94108	Corporate Partners II, Ltd.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Gump's Holdings, LLC	135 Post Street San Francisco, CA 94108	Corporate Partners II Ltd	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	Gump's Holdings, LLC	135 Post Street San Francisco, CA 94108	Sterling Business Credit, LLC	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.12	Gump's Holdings, LLC	135 Post Street San Francisco, CA 94108	Sterling Business Credit, LLC	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	Gump's Holdings, LLC	135 Post Street San Francisco, CA 94108	Methuselah Capital Partners L.P.	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Gump's Corp.**Case number (if known) **18-14684-leb****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14 **Gump's By Mail, Inc.** **135 Post Street
San Francisco, CA 94108**

Seaker & Sons

☐ D _____
☐ E/F _____
☐ G _____

2.15 **Gump's By Mail, Inc.** **135 Post Street
San Francisco, CA 94108**

**J.G. Chachas Trust
U/D/T**

☐ D _____
☐ E/F _____
☒ G **2.2**

2.16 **Gump's Holdings, LLC** **135 Post Street
San Francisco, CA 94108**

**J.G. Chachas Trust
U/D/T**

☐ D _____
☐ E/F _____
☒ G **2.2**

Fill in this information to identify the case:Debtor name Gump's Corp.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 18-14684-leb☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2018 to Filing Date

Sources of revenue
Check all that apply

☐ Operating a business☒ Other Retail Sales

Gross revenue
(before deductions and exclusions)

\$5,555,327.00

For prior year:
From 1/01/2017 to 12/31/2017

☐ Operating a business☒ Other Retail Sales\$18,837,049.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from
each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Gump's Corp.**Case number (if known) **18-14684-leb****4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount taken
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. The Gerson Company v. Gumps Corporation, et al 18CV03652	Breach of contract for sale of goods on open account	District Court of Johnson County, Kansas 100 N Kansas Avenue Olathe, KS 66061	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

Debtor **Gump's Corp.**Case number (if known) **18-14684-leb**☐ None**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?**
Address**If not money, describe any property transferred****Dates****Total amount or value**11.1. **Garman Turner Gordon LLP**
650 White Drive
Ste. 100
Las Vegas, NV 89119**\$280,323.45****Email or website address****Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.**Who received transfer?**
Address**Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy**
From-To**Part 8: Health Care Bankruptcies**

Debtor **Gump's Corp.**Case number (if known) **18-14684-leb****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Names, addresses, email addresses, credit card information (encrypted)

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

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

Name of plan

401(k)

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

- ☒ No
- ☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Gump's Corp.**Case number (if known) **18-14684-leb**☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
N/A 833 S. 19th St. Richmond, CA 94804	Marc Capalbo Sote Manager Bruno Sanchez Assostant inventory control	Staging & props for catalog shoots and store, samples, lighting box, etc.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
J.G. Chachas Family Trust U/D/T 211 Central Park West, 5-F New York, NY 10024	135 Post Street San Francisco, CA	Asian decorative fixture ("the Buddha")	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Debtor **Gump's Corp.**Case number (if known) **18-14684-leb**

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service
From-To

26a.1. **Tony Lopez, CFO**
135 Post Street
San Francisco, CA 94108

7/8/2013 to current

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address

Date of service
From-To

26b.1. **Moss Adams LLP**
101 2nd St Suite 900
San Francisco, CA 94105

1/1/2017; 1/1/2018

Name and address

Date of service
From-To

26b.2. **Tony Lopez, CFO**
135 Post Street
San Francisco, CA 94108

9/2012 - present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Gump's Corp.**
Attn: Tony Lopez
135 Post Street
San Francisco, CA 94108

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

Debtor **Gump's Corp.**Case number (if known) **18-14684-leb**☐ None**Name and address**

26d.1. **Lincoln International LLC**
500 West Madison Street
Suite 3900
Chicago, IL 60661

26d.2. **Little & Co.**
900 Chelmsford Street
Lowell, MA 01851

26d.3. **Bank of America/First Data**
131 Varick Street
New York, NY 10013

26d.4. **Sterling Business Credit, LLC**
c/o Laurel Varney
8401 N. Central Expressway
Suite 600
Dallas, TX 75225

26d.5. **Seaker & Sons**
c/o Bill Leung
Lew & Fong
456 Montgomery Street, Ste 700
San Francisco, CA 94104-1240

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Diana Holland-Cramer and Tony Lopez	1/28/2017	\$6,409,342
	Name and address of the person who has possession of inventory records Gumps Corp. 135 Post Street San Francisco, CA 94108		
27.2	Diana Holland-Cramer and Tony Lopez	2/3/2018	\$6,623,585
	Name and address of the person who has possession of inventory records Gumps Corp. 135 Post Street San Francisco, CA 94108		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Tony Lopez	135 Post Street San Francisco, CA 94108	Chief Financial Officer/Chief Operating Officer	

Debtor **Gump's Corp.**Case number (if known) **18-14684-leb**

Name	Address	Position and nature of any interest	% of interest, if any
Corporate Partners II Ltd	45 Rockefeller Plaza Suite 1919 New York, NY 10111	Preferred Class C Member of parent company	86.64
CP II GH Coinvestors LLC	45 Rockefeller Plaza Suite 1919 New York, NY 10111	Preferred Class C Member of parent company	.12
John Chachas	211 Central Park West, 5-F New York, NY 10024	Preferred Class C Member of parent company, Director	.06
J.G. Chachas Trust U/D/T	211 Central Park West, 5-F New York, NY 10024	Preferred Class C Member of parent company	.22
Scott Sklar	145 Val Vista Rd. Mill Valley, CA 94941	Director	
Peter Harris	640 Davis Street San Francisco, CA 94111	Director	
Ali E. Wambold	45 Roxkefeller Plaza Suite 2626 New York, NY 10111	Director	
Jonathan Kagan	45 Rockefeller Plaza Suite 2626 New York, NY 10111	Director	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Michael Mosca	202 Ripley Street San Francisco, CA 94110	Chief Executive Officer	12/2017 - 7/27/2018
Michael Mosca	202 Ripley Street San Francisco, CA 94110	Chief Merchandising Officer	5/2017 - 12/2017

Debtor Gump's Corp.Case number (if known) 18-14684-leb

Name	Address	Position and nature of any interest	Period during which position or interest was held
Brian Tsung	1570 8th Ave. San Francisco, CA 94112	Chief Marketing Officer	11/28/2017 - 7/27/2018

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/17/18

Signature of individual signing on behalf of the debtor

Tony Lopez
 Printed name

Position or relationship to debtor CFO/COO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes