

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY
AND DISCLAIMERS REGARDING DEBTORS' SCHEDULES OF ASSETS AND LIABILITIES
AND STATEMENTS OF FINANCIAL AFFAIRS**

Buffets LLC ("Buffets") and its six direct and indirect subsidiaries, Hometown Buffet, Inc., OCB Restaurant Company, LLC, OCB Purchasing Co., Ryan's Restaurant Group, LLC, Tahoe Joe's, Inc., and Fire Mountain Restaurants, LLC, (together with Buffets, the "Debtors") submit the Schedules of Assets and Liabilities (the "Schedules") and Statements of Financial Affairs (the "Statements" and, together with the Schedules, the "Schedules and Statements") pursuant to section 521 of title 11 of the United States Code (the "Bankruptcy Code") and Rule 1007 of the Federal Rules of Bankruptcy Procedure.

On March 7, 2016 (the "Petition Date"), the Debtors filed voluntary petitions for relief under chapter 11 of Bankruptcy Code with the United States Bankruptcy Court for the Western District of Texas (the "Bankruptcy Court"). The Debtors' chapter 11 cases have been consolidated for procedural purposes only and are being administered jointly under case number 16-50557. The Debtors are authorized to operate their businesses as debtors-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.

The Schedules and Statements were prepared by the Debtors' management and are unaudited. While the Debtors' management have made all reasonable efforts to ensure that the Schedules and Statements are accurate and complete based on available information at the time of preparation, inadvertent errors or omissions may exist and/or the subsequent receipt of information may result in material changes in financial and other data contained in the Schedules and Statements. Accordingly, the Debtors reserve their right to amend and/or supplement the Schedules and Statements from time to time as may be necessary or appropriate. Moreover, because the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, there can be no assurance that these Schedules and Statements are complete or accurate.

The Debtors reserve all of their rights with respect to any causes of actions they may have against third parties, whether or not such causes of action are or are not listed as assets in their Schedules and Statements and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such causes of actions.

These Global Notes and Statement of Limitations, Methodology and Disclaimers Regarding Debtors' Schedules of Assets and Liabilities and Statements of Financial Affairs (the "Global Notes") are incorporated by reference in, and comprise an integral part of, the Schedules and Statements, and should be referred to and reviewed in connection with any review of the Schedules and Statements. In the event that the Schedules and Statements differ from the Global Notes, the Global Notes shall control.

General Comments

Basis of Presentation. The Schedules and Statements reflect the separate assets and liabilities of each individual Debtor. For financial reporting purposes, Buffets historically has prepared consolidated financial statements, which included financial information for all of its subsidiaries and which in the past have been audited annually. These Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles ("GAAP"), nor are they intended to reconcile with the financial statements previously distributed to creditors. Additionally, it should also be noted that the Debtors use a consolidated cash management system at Buffets whereby Buffets pay substantially all liabilities and expenses.

The Schedules and Statements have been signed by William R. Patterson, Chief Restructuring Officer. In reviewing and signing the Schedules and Statements, Mr. Patterson has relied upon the efforts, statements and representations of the officers of the Debtors and the accounting and non-accounting personnel of FMP SA Management Group, LLC, the management company of the Debtors who provides accounting, finance, and other management services. Mr. Patterson has not, and could not have, personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors.

Date of Valuations. Except as otherwise noted in the Schedules and Statements, the value of all assets and the amount of liabilities are as of the Petition Date, March 7, 2016. The Schedules and Statements reflect the Debtors' best effort to allocate the assets, liabilities, receipts and expenses to the appropriate Debtor entity "as of" such dates. All amounts are stated in United States currency. In some instances, the Debtors have used estimates or pro-rated amounts where actual data as of the aforementioned dates was not available. The Debtors have made a reasonable effort to allocate liabilities between the pre- and post-petition periods based on the information and research that was conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the Debtors may modify the allocation of liabilities between the pre- and post-petition periods and amend the Schedules and Statements accordingly.

As it would be expensive and unduly burdensome to obtain current market valuations of the Debtors' property interests, unless otherwise noted, the carrying value of the Debtors' books (i.e. net book value), rather than the current market values, of the Debtors' interests in property and of the Debtors' liabilities, is reflected on the Debtors' Schedules and Statements.

Employee Claims. Except Tahoe Joe's Inc., all employees and managers of the restaurants are employees of FMP Ovation Payroll, LLC ("FMP Ovation Payroll"). Following the acquisition of the entities in August, 2015, all employees were transferred from the Debtors (excluding Tahoe Joe's, Inc.) to FMP Ovation Payroll prior to the petition date.

Buffets LLC's SOFA 2.4 contains a complete listing of the payments from the Debtors to FMP Ovation Payroll to fund payroll for the employees and managers of their restaurants.

The Bankruptcy Court has entered an Order [see Docket No. 65 (the "Wage Order")] authorizing, but not directing, the continuation of ordinary course payroll and payroll related expenses. In the post-petition period, the Debtors have made disbursements for pre-petition payroll. Therefore, the claims for prepetition, unpaid wages are not scheduled.

Intercompany Payables/Receivables.

For purposes of these Schedules and Statements, the Debtors have reported intercompany payables and receivables on Schedules A/B and F as a net balance payable or receivable between the various Debtors.

Acquisition in August 2015.

On August 19, 2015, Alamo Ovation, LLC acquired Buffets Restaurants Holdings, Inc. (the "Merger"). Under the Merger, Alamo Ovation Acquisition, Inc., an acquisition subsidiary of Alamo Ovation, LLC, merged with and into Buffets Restaurants Holdings, Inc. with Buffets Restaurants Holdings, Inc. remaining as the surviving corporation. As a result of the Merger, Buffets Restaurants Holdings, Inc. became a wholly owned subsidiary of Alamo Ovation, LLC, a Texas limited liability company.

Buffets Restaurants Holdings, Inc., is a holding company that wholly owns Buffets Holdings, LLC f/k/a Buffets Holdings, Inc., a Delaware limited liability company, which in turn wholly owns Buffets, LLC f/k/a Buffets, Inc., a Minnesota limited liability company, which both operates restaurants directly and is the sole parent of several other restaurant operating companies in the Debtor group.

Buffets is the direct parent of the following Debtors: Hometown Buffet, Inc.; OCB Restaurant Company, LLC; OCB Purchasing Co.; and Ryan's Restaurant Group, LLC (collectively, the "Direct Buffets Subsidiaries"), through which various restaurants and restaurant functions are operated. The other Debtors, Tahoe Joe's, Inc. and Fire Mountain Restaurants, LLC, are indirectly owned by Buffets through one of the Direct Buffets Subsidiaries.

Information contained in these Statements and Schedules from prior to August 19, 2015 is based on information provided to the Debtors as part of the Merger. The Debtors have made reasonable best efforts to review the financial information and ensure the information is accurate and complete, though inadvertent errors or omissions may exist.

Management Company.

Buffets LLC has a management contract with FMP Ovation LLC to provide management services to the Debtor companies. This contract commenced following the acquisition of the Debtor companies in August, 2015. The information contained herein prior to August 2015 was obtained as part of the acquisition of the companies.

Gift Cards and Gift Certificates.

The Debtors offer a Gift Card and Gift Certificate Program for its customers. As of March 7, 2016 Tahoe Joe's has a balance of \$546,745 of Gift Card receipts on hand. Buffets, LLC reports a balance of \$4,241,429, representing the Gift Card Receipt for Buffets, LLC and the other companies in the consolidated group. Because of the nature of these liabilities, it would be impossible for the Debtors' to allocate to individual creditors. Therefore, these liabilities are reported in a consolidated manner in Schedule E/F as NonPriority Unsecured Claims.

Schedules of Assets and Liabilities

Schedule AB - Cash on Hand. Debtors hold a nominal amount of cash at each restaurant location. For purposes of the Schedules, each respective Debtor has reported cash on hand on a cumulative basis for its respective store base.

Schedule D – Secured Claims. As of the Petition Date, Buffets is the primary obligor on several term notes, the approximate principal amounts of which total in the aggregate \$47,168,000 (the "Loans"). Buffets pledged all of its assets as collateral to secure the Loans. The Loans are guaranteed by each of the Debtors as well as the following non-debtors: Alamo Ovation, LLC, Buffet Restaurants Holdings, Inc. and Buffets Holdings, LLC.

The secured claims are listed on Schedule D for each of the Debtors.

Holders of secured claims by virtue of holding setoff rights against the Debtors or leasing equipment to the Debtors are not included on Schedule D. Lessors, utility companies and other parties which may hold security deposits have also not been listed on Schedule D.

Schedule EF – Unsecured Claims. Scheduled non-priority unsecured claim amounts are listed as of the Petition Date. The Bankruptcy Court has authorized, but not directed, the Debtors to, among others, (i) pay prepetition wages, salaries, and employee benefits, (ii) pay certain prepetition sales and use taxes, (iii) pay certain utility payments, (iv) continue customer programs (v) pay critical vendor claims, and (vi) pay claims brought pursuant to the Perishable Agriculture and Commodities Act. Allowed payments to certain prepetition creditors after the Petition Date have not be incorporated into the scheduled amounts. The actual allowed unpaid claim may differ from the amount scheduled.

The Debtors reserve the right to amend the designation of any scheduled claim to "disputed", "contingent" or "unliquidated". The current designation, if any, of each claim is the Debtors best efforts to accurately schedule the claims. Any failure to designate a claim as "disputed", "contingent", or "unliquidated" does not constitute an admission by the Debtors that the claim is not "disputed", "contingent", or "unliquidated".

Schedule G - Executory Contracts and Unexpired Leases

The businesses of the Debtors are complex and many contracts were entered into prior to the Merger. Although every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. The Debtors hereby reserve all of their rights to (i) dispute the validity, status or enforceability of any contract, agreement or lease set forth in Schedule G and (ii) amend or supplement Schedule G as appropriate. Moreover, Schedule G is as of the Petition Date, thus any rejections, terminations or expirations since the Petition Date were not considered or included.

The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease. The contracts, agreements and leases listed on Schedule G may have expired or may have been rejected, terminated, modified, amended, or supplemented from time to time by

various amendments, restatements, waivers, estoppel certificates, letter and other documents, instruments and agreements that may not be listed therein.

The Debtors have made their best efforts to list their unexpired real property leases under the appropriate Debtor. As structured, the branded concepts of each particular store may not match the name of the Debtor. Omission of a contract, agreement or lease from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtors' right under the Bankruptcy code with respect to any such omitted contract, agreement or lease are not impaired by their omission. Schedule G may be amended at any time to add any omitted contract, agreement or lease.

Statements of Financial Affairs

Payments to Creditors and Insiders.

The Debtors operate a centralized cash management system whereby almost all disbursements are made through Buffets LLC without regard for the actual Debtor entity involved. As such, transfers within 90 days, or in the case of Insiders one year, of the Petition Date are recorded on Buffets LLC.

Fill in this information to identify the case:

Debtor name: OCB Restaurant Company, LLC

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 16-50559

☐ 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 Schedule A/B	\$1,000,000.00
1b. Total personal property: Copy line 91A from Schedule A/B	\$40,061,447.74
1c. Total of all property: Copy line 92 from Schedule A/B	\$41,061,447.74

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, Amount of claim, from line 3 of Schedule D	\$48,726,482.37
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 Schedule E/F	\$1,714,484.93
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 Schedule E/F	+ \$39,867,672.47
4. Total liabilities Lines 2 + 3a + 3b	\$90,308,639.77

Fill in this information to identify the case:

Debtor name: OCB Restaurant Company, LLC

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 16-50559

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents

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

☐ No. Go to Part 2.

☒ Yes. Fill in the information below

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

2.1. CASH ON HAND \$514,900.00

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	Current value of debtor's interest
3.1. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1. _____	_____	_____	_____	\$ _____

5. Total of part 1

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

\$514,900.00

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

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	Current value of debtor's interest
<p>7.1. UTILITY</p> <p>ARIZONA PUBLIC SERVICE CO PO BOX 2906 PHOENIX AZ 85062</p>	\$2,638.46
<p>7.2. UTILITY</p> <p>BALTIMORE GAS AND ELECTRIC COMPANY PO BOX 13070 PHILADELPHIA PA 19101</p>	\$61,450.00
<p>7.3. UTILITY</p> <p>COLUMBIA GAS PO BOX 742510 OF OHIO CINCINNATI OH 45274-2510</p>	\$1.00
<p>7.4. UTILITY</p> <p>CONNECTICUT NATURAL GAS CORP 60 MARSH HILL RD ATTN JANET L JANCZEWSKI ESQ ORANGE CT 06477</p>	\$3,606.98
<p>7.5. UTILITY</p> <p>DELMARVA POWER PO BOX 17000 WILMINGTON DE 19886</p>	\$21,700.00
<p>7.6. UTILITY</p> <p>DOMINION EAST OHIO PO BOX 26785 RICHMOND VA 23261-6785</p>	\$816.00
<p>7.7. UTILITY</p> <p>FLORIDA POWER & LIGHT GENERAL MAIL FACILITY MIAMI FL 33188</p>	\$11,908.00
<p>7.8. UTILITY</p> <p>GILROY, CALIFORNIA 7351 ROSANNA ST BUSINESS LIC DIVISION GILROY CA 95020-6197</p>	\$75.00
<p>7.9. UTILITY</p> <p>GLENDALE, ARIZONA PO BOX 800 PRIVILEGE TAX SECTION GLENDALE AZ 85311-0800</p>	\$900.00
<p>7.10. UTILITY</p> <p>MESA, ARIZONA PO BOX 1878 MESA AZ 85211-1878</p>	\$9,077.78
<p>7.11. UTILITY</p> <p>MILPITAS, CALIFORNIA 445 EAST CALAVERAS BLVD FIRE DEPT BUREAU PREVENTION MILPITAS CA 95035</p>	\$3,355.46

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	Current value of debtor's interest
7.12. UTILITY NATIONAL GRID 280 MELROSE ST PROVIDENCE RI 05121	\$5,010.00
7.13. UTILITY NIPSCO PO BOX 13007 MERRILLVILLE IN 46411-3007	\$13,050.00
7.14. UTILITY NYSEG PO BOX 5600 ITHACA NY 14852-5600	\$23,460.00
7.15. UTILITY PACIFIC GAS & ELECTRIC COMPANY BOX 997300 SACRAMENTO CA 95899-7300	\$167,128.00
7.16. UTILITY PENELEC PO BOX 3687 AKRON OH 44309	\$8,608.91
7.17. UTILITY PIEDMONT NATURAL GAS COMPANY PO BOX 660920 DALLAS TX 75266	\$4,885.23
7.18. UTILITY PORTLAND GENERAL ELECTRIC PO BOX 4438 PORTLAND OR 97208-4438	\$26,250.00
7.19. UTILITY POTOMAC ELECTRIC POWER COMPANY PO BOX 4863 TRENTON NJ 08650	\$20,720.00
7.20. UTILITY PUBLIC SERVICE ELECTRIC AND GAS COMPANY PO BOX 14101 NEW BRUNSWICK NJ 08906	\$18,257.00
7.21. UTILITY RK HALLANDALE LP 17100 COLLINS AVE #225 SUNNY ISLES BEACH FL 33160	\$9,508.00
7.22. UTILITY ROCHESTER GAS & ELECTRIC CORPORATION PO BOX 847813 BOSTON MA 02284	\$18,600.00
7.23. UTILITY SAN DIEGO GAS & ELECTRIC COMPANY PO BOX 25111 SANTA ANA CA 92799-5111	\$12,917.07

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	Current value of debtor's interest
7.24. UTILITY SEMINOLE RETAIL ENERGY SERVICES LLC 1415 LOUISIANA STREET SUITE 4200 HOUSTON TX 77002	\$17,500.00
7.25. UTILITY SOUTHERN CALIFORNIA EDISON PO BOX 300 ROSEMEAD CA 91772-0001	\$151,824.00
7.26. UTILITY SRP PO BOX 2950 PHOENIX AZ 85062-2950	\$17,860.10
7.27. UTILITY TECO PEOPLES GAS PO BOX 31017 TAMPA FL 33631-3017	\$1,923.75
7.28. UTILITY THE CONNECTICUT LIGHT & POWER COMPANY PO BOX 650032 DALLAS TX 75265	\$8,893.00
7.29. UTILITY THE DOMINION EAST OHIO GAS COMPANY PO BOX 26785 RICHMOND VA 23261	\$404.00
7.30. UTILITY TINLEY PARK, ILLINOIS 16250 SOUTH OAK PARK AVE LICENSE RENEWALS TINLEY PARK IL 60477	\$75.00
7.31. UTILITY WISCONSIN ELECTRIC POWER COMPANY & WISCONSIN GAS, LLC PO BOX 90001 MILWAUKEE WI 53290	\$2,858.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment	Current value of debtor's interest
8.1. VARIOUS	\$17,060.00

9. Total of part 2

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

\$662,320.74

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

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

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****Current value of debtor's interest****11. Accounts receivable**

	Face amount	Doubtful or uncollectible accounts		
11a. 90 days old or less:	\$1,817,921.00	- \$0.00	= →	\$1,817,921.00

	Face amount	Doubtful or uncollectible accounts		
11b. Over 90 days old:	\$0.00	- \$0.00	= →	\$0.00

12. Total of part 3

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

\$1,817,921.00**Part 4: Investments****13. Does the debtor own any investments?**

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

Valuation method used for current value**Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity % of ownership

15.1. _____ % _____ \$ _____

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

Describe

16.1. _____ \$ _____

17. Total of part 4

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

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

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

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	-------------------------------------	---	---	------------------------------------

19. Raw materials

19.1. _____ \$ _____

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****20. Work in progress**

20.1. _____ \$ _____ \$ _____

21. Finished goods, including goods held for resale

21.1. _____ \$ _____ \$ _____

22. Other inventory or supplies

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1. RESTAURANT INVENTORY	3/2/2016	\$1,589,606.00	LOWER OF COST OR MARKET	\$1,589,606.00

23. Total of part 5

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

\$1,589,606.00

24. 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.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

28. Crops—either planted or harvested

28.1. _____ \$ _____ \$ _____

29. Farm animals. Examples: Livestock, poultry, farm-raised fish

29.1. _____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

30.1. _____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

31.1. _____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

32.1. _____ \$ _____ \$ _____

33. Total of part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****34. Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes Book value: \$_____ Valuation method: _____ Current value: \$_____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

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

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture				
39.1.	_____	\$ _____	_____	\$ _____
40. Office fixtures				
40.1.	_____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software				
		Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1.	STORE 0098	\$269,824.57	Net Book Value	\$269,824.57
41.2.	STORE 0004	\$285,050.34	Net Book Value	\$285,050.34
41.3.	STORE 0011	\$14,156.33	Net Book Value	\$14,156.33
41.4.	STORE 0012	\$0.00	Net Book Value	\$0.00
41.5.	STORE 0013	\$286,285.11	Net Book Value	\$286,285.11
41.6.	STORE 0016	\$262,277.73	Net Book Value	\$262,277.73
41.7.	STORE 0017	\$0.00	Net Book Value	\$0.00
41.8.	STORE 0019	\$0.00	Net Book Value	\$0.00
41.9.	STORE 0028	\$0.00	Net Book Value	\$0.00
41.10.	STORE 0029	\$0.00	Net Book Value	\$0.00
41.11.	STORE 0033	\$154,588.88	Net Book Value	\$154,588.88

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.12. STORE 0036	\$261,646.82	Net Book Value	\$261,646.82
41.13. STORE 0037	\$11,384.91	Net Book Value	\$11,384.91
41.14. STORE 0038	\$0.00	Net Book Value	\$0.00
41.15. STORE 0041	\$11,389.19	Net Book Value	\$11,389.19
41.16. STORE 0043	\$0.00	Net Book Value	\$0.00
41.17. STORE 0045	\$304,486.61	Net Book Value	\$304,486.61
41.18. STORE 0046	\$0.00	Net Book Value	\$0.00
41.19. STORE 0047	\$0.00	Net Book Value	\$0.00
41.20. STORE 0048	\$0.00	Net Book Value	\$0.00
41.21. STORE 0051	\$290,921.77	Net Book Value	\$290,921.77
41.22. STORE 0052	\$0.00	Net Book Value	\$0.00
41.23. STORE 0053	\$248,668.40	Net Book Value	\$248,668.40
41.24. STORE 0055	\$13,081.12	Net Book Value	\$13,081.12
41.25. STORE 0057	\$0.00	Net Book Value	\$0.00
41.26. STORE 0058	\$13,086.33	Net Book Value	\$13,086.33
41.27. STORE 0061	\$247,932.04	Net Book Value	\$247,932.04
41.28. STORE 0066	\$253,346.30	Net Book Value	\$253,346.30
41.29. STORE 0067	\$0.00	Net Book Value	\$0.00
41.30. STORE 0072	\$0.00	Net Book Value	\$0.00
41.31. STORE 0073	\$311,349.05	Net Book Value	\$311,349.05
41.32. STORE 0077	\$0.00	Net Book Value	\$0.00
41.33. STORE 0080	\$0.00	Net Book Value	\$0.00
41.34. STORE 0090	\$0.00	Net Book Value	\$0.00
41.35. STORE 0091	\$10,506.34	Net Book Value	\$10,506.34
41.36. STORE 0095	\$358,506.70	Net Book Value	\$358,506.70
41.37. STORE 0100	\$0.00	Net Book Value	\$0.00
41.38. STORE 0102	\$10,506.34	Net Book Value	\$10,506.34
41.39. STORE 0108	\$412,185.05	Net Book Value	\$412,185.05
41.40. STORE 0110	\$749,002.13	Net Book Value	\$749,002.13
41.41. STORE 0111	\$524,160.11	Net Book Value	\$524,160.11
41.42. STORE 0112	\$0.00	Net Book Value	\$0.00
41.43. STORE 0113	\$10,506.34	Net Book Value	\$10,506.34
41.44. STORE 0115	\$10,506.34	Net Book Value	\$10,506.34
41.45. STORE 0116	\$0.00	Net Book Value	\$0.00
41.46. STORE 0118	\$0.00	Net Book Value	\$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.47. STORE 0122	\$800,416.30	Net Book Value	\$800,416.30
41.48. STORE 0123	\$249,049.39	Net Book Value	\$249,049.39
41.49. STORE 0125	\$135,504.66	Net Book Value	\$135,504.66
41.50. STORE 0126	\$889,524.69	Net Book Value	\$889,524.69
41.51. STORE 0128	\$116,348.88	Net Book Value	\$116,348.88
41.52. STORE 0133	\$63,877.92	Net Book Value	\$63,877.92
41.53. STORE 0134	\$45,990.95	Net Book Value	\$45,990.95
41.54. STORE 0137	\$301,616.72	Net Book Value	\$301,616.72
41.55. STORE 0138	\$288,488.32	Net Book Value	\$288,488.32
41.56. STORE 0139	\$378,105.86	Net Book Value	\$378,105.86
41.57. STORE 0140	\$882,183.52	Net Book Value	\$882,183.52
41.58. STORE 0141	\$115,766.29	Net Book Value	\$115,766.29
41.59. STORE 0142	\$257,027.64	Net Book Value	\$257,027.64
41.60. STORE 0144	\$6,606.41	Net Book Value	\$6,606.41
41.61. STORE 0145	\$60,092.01	Net Book Value	\$60,092.01
41.62. STORE 0146	\$466,272.82	Net Book Value	\$466,272.82
41.63. STORE 0149	\$446,760.22	Net Book Value	\$446,760.22
41.64. STORE 0001	\$271,943.22	Net Book Value	\$271,943.22
41.65. STORE 0002	\$180,404.02	Net Book Value	\$180,404.02
41.66. STORE 0005	\$268,726.65	Net Book Value	\$268,726.65
41.67. STORE 0006	\$271,990.55	Net Book Value	\$271,990.55
41.68. STORE 0007	\$197,202.73	Net Book Value	\$197,202.73
41.69. STORE 0009	\$169,339.87	Net Book Value	\$169,339.87
41.70. STORE 0010	\$57,080.79	Net Book Value	\$57,080.79
41.71. STORE 0014	\$255,554.99	Net Book Value	\$255,554.99
41.72. STORE 0020	\$265,647.02	Net Book Value	\$265,647.02
41.73. STORE 0022	\$211,342.03	Net Book Value	\$211,342.03
41.74. STORE 0025	\$142,860.66	Net Book Value	\$142,860.66
41.75. STORE 0151	\$0.00	Net Book Value	\$0.00
41.76. STORE 0155	\$0.00	Net Book Value	\$0.00
41.77. STORE 0156	\$339,458.03	Net Book Value	\$339,458.03
41.78. STORE 0157	\$165,057.81	Net Book Value	\$165,057.81
41.79. STORE 0158	\$0.00	Net Book Value	\$0.00
41.80. STORE 0160	\$336,213.55	Net Book Value	\$336,213.55
41.81. STORE 0161	\$712,972.59	Net Book Value	\$712,972.59

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.82. STORE 0162	\$164,445.59	Net Book Value	\$164,445.59
41.83. STORE 0163	\$387,753.87	Net Book Value	\$387,753.87
41.84. STORE 0167	\$0.00	Net Book Value	\$0.00
41.85. STORE 0170	\$0.00	Net Book Value	\$0.00
41.86. STORE 0172	\$142,838.64	Net Book Value	\$142,838.64
41.87. STORE 0174	\$126,652.68	Net Book Value	\$126,652.68
41.88. STORE 0175	\$0.00	Net Book Value	\$0.00
41.89. STORE 0171	\$236,596.77	Net Book Value	\$236,596.77
41.90. STORE 0750	\$164,885.73	Net Book Value	\$164,885.73
41.91. STORE 0749	\$144,062.23	Net Book Value	\$144,062.23
41.92. STORE 0726	\$49,913.24	Net Book Value	\$49,913.24
41.93. STORE 0738	\$0.00	Net Book Value	\$0.00
41.94. STORE 0731	\$0.00	Net Book Value	\$0.00
41.95. STORE 0775	\$173,002.76	Net Book Value	\$173,002.76
41.96. STORE 0777	\$184,803.94	Net Book Value	\$184,803.94
41.97. STORE 0794	\$414,933.64	Net Book Value	\$414,933.64
41.98. STORE 0756	\$239,214.16	Net Book Value	\$239,214.16
41.99. STORE 0786	\$59,635.84	Net Book Value	\$59,635.84
41.100. STORE 0763	\$73,055.19	Net Book Value	\$73,055.19
41.101. STORE 0776	\$0.00	Net Book Value	\$0.00
41.102. STORE 0754	\$0.00	Net Book Value	\$0.00
41.103. STORE 0762	\$0.00	Net Book Value	\$0.00
41.104. STORE 0778	\$0.00	Net Book Value	\$0.00
41.105. STORE 0789	\$0.00	Net Book Value	\$0.00
41.106. STORE 0779	\$0.00	Net Book Value	\$0.00
41.107. STORE 0771	\$0.00	Net Book Value	\$0.00
41.108. STORE 0813	\$0.00	Net Book Value	\$0.00
41.109. STORE 2483	\$244,376.42	Net Book Value	\$244,376.42
41.110. STORE 0209	\$294,126.76	Net Book Value	\$294,126.76
41.111. STORE 0178	\$197,555.58	Net Book Value	\$197,555.58
41.112. STORE 0179	\$148,217.59	Net Book Value	\$148,217.59
41.113. STORE 0181	\$174,675.89	Net Book Value	\$174,675.89
41.114. STORE 0182	\$148,607.58	Net Book Value	\$148,607.58
41.115. STORE 0183	\$0.00	Net Book Value	\$0.00
41.116. STORE 0187	\$0.00	Net Book Value	\$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.117. STORE 0188	\$484,107.84	Net Book Value	\$484,107.84
41.118. STORE 0189	\$0.00	Net Book Value	\$0.00
41.119. STORE 0190	\$0.00	Net Book Value	\$0.00
41.120. STORE 0194	\$176,497.98	Net Book Value	\$176,497.98
41.121. STORE 0196	\$103,516.89	Net Book Value	\$103,516.89
41.122. STORE 0197	\$157,620.31	Net Book Value	\$157,620.31
41.123. STORE 0198	\$159,379.02	Net Book Value	\$159,379.02
41.124. STORE 0199	\$0.00	Net Book Value	\$0.00
41.125. STORE 0203	\$0.00	Net Book Value	\$0.00
41.126. STORE 0204	\$249,943.70	Net Book Value	\$249,943.70
41.127. STORE 0208	\$0.00	Net Book Value	\$0.00
41.128. STORE 0211	\$346,882.91	Net Book Value	\$346,882.91
41.129. STORE 0213	\$354,594.73	Net Book Value	\$354,594.73
41.130. STORE 0214	\$770,145.37	Net Book Value	\$770,145.37
41.131. STORE 0215	\$135,178.03	Net Book Value	\$135,178.03
41.132. STORE 0217	\$189,159.82	Net Book Value	\$189,159.82
41.133. STORE 0219	\$109,386.03	Net Book Value	\$109,386.03
41.134. STORE 0220	\$192,627.27	Net Book Value	\$192,627.27
41.135. STORE 0223	\$684,584.34	Net Book Value	\$684,584.34
41.136. STORE 0225	\$196,226.15	Net Book Value	\$196,226.15
41.137. STORE 0226	\$157,523.31	Net Book Value	\$157,523.31
41.138. STORE 0227	\$0.00	Net Book Value	\$0.00
41.139. STORE 0231	\$213,009.52	Net Book Value	\$213,009.52
41.140. STORE 0232	\$0.00	Net Book Value	\$0.00
41.141. STORE 0234	\$244,534.01	Net Book Value	\$244,534.01
41.142. STORE 0237	\$277,909.01	Net Book Value	\$277,909.01
41.143. STORE 0239	\$283,826.64	Net Book Value	\$283,826.64
41.144. STORE 0201	\$240,463.15	Net Book Value	\$240,463.15
41.145. STORE 0212	\$0.00	Net Book Value	\$0.00
41.146. STORE 0240	\$195,090.70	Net Book Value	\$195,090.70
41.147. STORE 0243	\$220,892.90	Net Book Value	\$220,892.90
41.148. STORE 0242	\$251,038.17	Net Book Value	\$251,038.17
41.149. STORE 0244	\$426,076.86	Net Book Value	\$426,076.86
41.150. STORE 0245	\$318,049.67	Net Book Value	\$318,049.67
41.151. STORE 0247	\$72,709.76	Net Book Value	\$72,709.76

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.152. STORE 0248	\$622,174.76	Net Book Value	\$622,174.76
41.153. STORE 0250	\$277,442.78	Net Book Value	\$277,442.78
41.154. STORE 0251	\$130,126.01	Net Book Value	\$130,126.01
41.155. STORE 0252	\$132,611.51	Net Book Value	\$132,611.51
41.156. STORE 0253	\$179,778.59	Net Book Value	\$179,778.59
41.157. STORE 0254	\$0.00	Net Book Value	\$0.00
41.158. STORE 0256	\$161,750.97	Net Book Value	\$161,750.97
41.159. STORE 0257	\$0.00	Net Book Value	\$0.00
41.160. STORE 0258	\$203,381.65	Net Book Value	\$203,381.65
41.161. STORE 0259	\$248,106.42	Net Book Value	\$248,106.42
41.162. STORE 0260	\$552,282.50	Net Book Value	\$552,282.50
41.163. STORE 0261	\$118,358.92	Net Book Value	\$118,358.92
41.164. STORE 0262	\$161,766.20	Net Book Value	\$161,766.20
41.165. STORE 0263	\$316,774.05	Net Book Value	\$316,774.05
41.166. STORE 0264	\$185,419.77	Net Book Value	\$185,419.77
41.167. STORE 0266	\$0.00	Net Book Value	\$0.00
41.168. STORE 0267	\$141,678.87	Net Book Value	\$141,678.87
41.169. STORE 0269	\$431,155.47	Net Book Value	\$431,155.47
41.170. STORE 0271	\$246,053.88	Net Book Value	\$246,053.88
41.171. STORE 0272	\$0.00	Net Book Value	\$0.00
41.172. STORE 0273	\$0.00	Net Book Value	\$0.00
41.173. STORE 0275	\$514,245.43	Net Book Value	\$514,245.43
41.174. STORE 0278	\$0.00	Net Book Value	\$0.00
41.175. STORE 0280	\$129,461.32	Net Book Value	\$129,461.32
41.176. STORE 0282	\$133,007.07	Net Book Value	\$133,007.07
41.177. STORE 0283	\$0.00	Net Book Value	\$0.00
41.178. STORE 0285	\$123,854.85	Net Book Value	\$123,854.85
41.179. STORE 0286	\$0.00	Net Book Value	\$0.00
41.180. STORE 0288	\$0.00	Net Book Value	\$0.00
41.181. STORE 0289	\$0.00	Net Book Value	\$0.00
41.182. STORE 0290	\$153,391.60	Net Book Value	\$153,391.60
41.183. STORE 0292	\$0.00	Net Book Value	\$0.00
41.184. STORE 0293	\$163,330.31	Net Book Value	\$163,330.31
41.185. STORE 0294	\$240,675.51	Net Book Value	\$240,675.51
41.186. STORE 0297	\$154,689.60	Net Book Value	\$154,689.60

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****41. Office equipment, including all computer equipment and communication systems equipment and software**

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.187. STORE 0298	\$350,328.44	Net Book Value	\$350,328.44
41.188. STORE 0299	\$221,575.28	Net Book Value	\$221,575.28
41.189. STORE 0301	\$320,122.84	Net Book Value	\$320,122.84
41.190. STORE 0302	\$106,246.61	Net Book Value	\$106,246.61
41.191. STORE 0303	\$195,797.02	Net Book Value	\$195,797.02
41.192. STORE 0304	\$0.00	Net Book Value	\$0.00
41.193. STORE 0305	\$818,324.18	Net Book Value	\$818,324.18
41.194. STORE 0306	\$140,750.05	Net Book Value	\$140,750.05
41.195. STORE 0307	\$0.00	Net Book Value	\$0.00
41.196. STORE 0308	\$0.00	Net Book Value	\$0.00
41.197. STORE 0309	\$147,397.63	Net Book Value	\$147,397.63
41.198. STORE 0310	\$171,850.85	Net Book Value	\$171,850.85
41.199. STORE 0311	\$113,683.12	Net Book Value	\$113,683.12
41.200. STORE 0312	\$0.00	Net Book Value	\$0.00
41.201. STORE 0313	\$71,344.24	Net Book Value	\$71,344.24
41.202. STORE 0314	\$71,470.45	Net Book Value	\$71,470.45
41.203. STORE 0318	\$0.00	Net Book Value	\$0.00
41.204. STORE 0319	\$0.00	Net Book Value	\$0.00
41.205. STORE 0320	\$0.00	Net Book Value	\$0.00
41.206. STORE 0321	\$0.00	Net Book Value	\$0.00
41.207. STORE 0322	\$183,448.26	Net Book Value	\$183,448.26
41.208. STORE 0323	\$0.00	Net Book Value	\$0.00
41.209. STORE 0325	\$136,616.84	Net Book Value	\$136,616.84
41.210. STORE 0326	\$143,473.23	Net Book Value	\$143,473.23
41.211. STORE 0335	\$0.00	Net Book Value	\$0.00
41.212. STORE 0336	\$51,682.51	Net Book Value	\$51,682.51
41.213. STORE 0337	\$245,596.23	Net Book Value	\$245,596.23
41.214. STORE 0339	\$288,752.11	Net Book Value	\$288,752.11
41.215. STORE 0340	\$170,294.09	Net Book Value	\$170,294.09
41.216. STORE 0341	\$151,317.83	Net Book Value	\$151,317.83
41.217. STORE 0344	\$0.00	Net Book Value	\$0.00

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 collectibles

42.1. _____ \$ _____ \$ _____

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****43. Total of part 7**

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

\$35,476,700.00

44. Is a depreciation schedule available for any of the property listed in Part 7?☐ No☒ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (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. _____ \$ _____

48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1. _____ \$ _____

49. Aircraft and accessories

49.1. _____ \$ _____

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

50.1. _____ \$ _____

51. Total of part 8

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

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?☐ No☐ Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**☐ No☐ Yes**Part 9: Real property****54. Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes. Fill in the information below.

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

	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.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.1.	LAND 1915 EAST 29TH STREET MARSHFIELD WI 54449	OWNED PROPERTY	\$1,000,000.00	Cost	\$1,000,000.00
55.2.	BUILDING GEORGE D. PATHOS, SOPHIEA D. PATHOS, MARY D. PATHOS DEMOSS PATHOS DUPLEX COMPANY 2822 LONDON ROAD EAU CLAIRE WI 54701	OPERATING LEASE	NA	NA	NA
55.3.	BUILDING JPMCC 2006-CIBC14 - 1481-1535 WEST MASON STREET LLC MLG MANAGEMENT LLC 757 N BROADWAY SUITE 700 MILWAUKEE WI 53202	OPERATING LEASE	NA	NA	NA
55.4.	BUILDING GREENFIELD, L.P. BONNIE MANAGEMENT CORP 8430 W. BRYN MAWR AVENUE SUITE 850 CHICAGO IL 60631	OPERATING LEASE	NA	NA	NA
55.5.	BUILDING INLAND COMMERCIAL PROPERTY MGMT. 814 COMMERCE DRIVE SUITE 300 OAK BROOK IL 60523	OPERATING LEASE	NA	NA	NA
55.6.	BUILDING STOCKBRIDGE COURTLAND CENTER, LLC PO BOX 8130 BLOOMFIELD MI 48302	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

	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.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.7.	<p>_____</p> <p>BUILDING</p> <p>BAI CONSUMER SQUARE WEST LLC BON AVIV INVESTMENTS, LLC 720 E PALISADE AVENUE SUITE 201 ENGLEWOOD CLIFFS NJ 07632</p>	OPERATING LEASE	NA	NA	NA
55.8.	<p>_____</p> <p>BUILDING</p> <p>LVP DEPAUL LLC 1985 CEDAR BRIDGE AVENUE SUITE 1 LAKEWOOD NJ 08701</p>	OPERATING LEASE	NA	NA	NA
55.9.	<p>_____</p> <p>BUILDING</p> <p>GLOBAL MARKET SL PROPERTY L.L.C. PO BOX 410842 CREVE COEUR MO 63141</p>	OPERATING LEASE	NA	NA	NA
55.10.	<p>_____</p> <p>BUILDING</p> <p>FRAYER ENTERPRISES, LLC ATTN: AIRPORT SQUARE TEAM PO BOX 720308 OKLAHOMA CITY OK 73132</p>	OPERATING LEASE	NA	NA	NA
55.11.	<p>_____</p> <p>BUILDING</p> <p>FASHION SQUARE WEST, LLC ARI-EL ENTERPRISES, INC. 29355 NORTHWESTERN HWY SUITE 301 SOUTHFIELD MI 48034</p>	OPERATING LEASE	NA	NA	NA
55.12.	<p>_____</p> <p>BUILDING</p> <p>BRICKTOWN SQUARE LLC BONNIE MANAGEMENT CORP 8430 WEST BRYN MAWR AVENUE CHICAGO IL 60631</p>	OPERATING LEASE	NA	NA	NA
55.13.	<p>_____</p> <p>BUILDING</p> <p>RB RIVERGATE LLC C/O RD MANAGEMENT LLC 810 7TH AVENUE NEW YORK NY 10019</p>	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.14. _____	OPERATING LEASE	NA	NA	NA
BUILDING INVEN TRUST PROPERTY MANAGEMENT, LLC INVEN TRUST PROPERTY MANAGEMENT, LLC (BLDG 44558) 2809 BUTTERFIELD ROAD SUITE 200 OAK BROOK IL 60523				
55.15. _____	OPERATING LEASE	NA	NA	NA
BUILDING RAMCO JACKSON CROSSING SPE LLC RAMCO-GERSHENSON PROPERTIES, LP 31500 NORTHWESTERN HIGHWAY # 300 FARMINGTON HILLS MI 48334				
55.16. _____	OPERATING LEASE	NA	NA	NA
BUILDING BOULEVARD CENTRE LLC THE CAFARO COMPANY 2445 BELMONT AVENUE YOUNGSTOWN OH 44504				
55.17. _____	OPERATING LEASE	NA	NA	NA
BUILDING BOULEVARD CENTRE LLC THE CAFARO COMPANY 2445 BELMONT AVENUE YOUNGSTOWN OH 44504				
55.18. _____	OPERATING LEASE	NA	NA	NA
BUILDING W-PT ARVADA VII, LLC PINE TREE COMMERCIAL REALTY, LLC 40 SKOKIE BLVD SUITE 610 NORTHBROOK IL 60062				
55.19. _____	OPERATING LEASE	NA	NA	NA
BUILDING SUMMIT TOWNE CENTRE INC. BALDWIN BROTHERS 2540 VILLAGE COMMON DRIVE ERIE PA 16506				

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.20. _____ BUILDING SUMMIT TOWNE CENTRE INC. BALDWIN BROTHERS 2540 VILLAGE COMMON DRIVE ERIE PA 16506	OPERATING LEASE	NA	NA	NA
55.21. _____ BUILDING ROCKY MOUNTAIN PROPERTIES LP CSM CORPORATION 500 WASHINGTON AVE S. # 3000 MINNEAPOLIS MN 55415	OPERATING LEASE	NA	NA	NA
55.22. _____ BUILDING SFI FORD CITY - CHICAGO, LLC MID-AMERICA ASSET MANAGEMENT, INC ONE PARKVIEW PLAZA 9TH FLOOR OAKBROOK TERRACE IL 60181	OPERATING LEASE	NA	NA	NA
55.23. _____ BUILDING CITADEL CROSSING ASSOCIATES NEWMARK MERRILL MOUNTAIN STATES 2720 COUNCIL TREE AVENUE SUITE 230 FORT COLLINS CO 80525	OPERATING LEASE	NA	NA	NA
55.24. _____ BUILDING CITADEL CROSSING ASSOCIATES NEWMARK MERRILL MOUNTAIN STATES 2720 COUNCIL TREE AVENUE SUITE 230 FORT COLLINS CO 80525	OPERATING LEASE	NA	NA	NA
55.25. _____ BUILDING DARTMOUTH MARKETPLACE ASSOCIATES, LLC PEGASUS LANDING CORPORATION 1800 LAKE PARK DRIVE SUITE 103 SMYRNA GA 30080	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.26. _____ BUILDING BENCHMARK-CLARENCE ASSOCIATES, LLC BENCHMARK MANAGEMENT CORPORATION 4053 MAPLE ROAD SUITE 200 AMHERST NY 14226	OPERATING LEASE	NA	NA	NA
55.27. _____ BUILDING DFG-MAPLE HILL, LLC 10100 WATERVILLE ST WHITEHOUSE OH 43571	OPERATING LEASE	NA	NA	NA
55.28. _____ BUILDING B-SKEE, LLC PANORAMA PROPERTY MGMT 7790 EAST ARAPAHOE ROAD SUITE 200 CENTENNIAL CO 80112	OPERATING LEASE	NA	NA	NA
55.29. _____ BUILDING FAIR CITY HHH, LLC HHH PROPERTIES CORP. 4001 WILLIAMSBURG COURT FAIRFAX VA 22032	OPERATING LEASE	NA	NA	NA
55.30. _____ BUILDING NORTHRIDGE OWNER, L.P. C/O SRP PROPERTY MANAGEMENT, LLC 1 EAST WACKER DRIVE CHICAGO IL 60601	OPERATING LEASE	NA	NA	NA
55.31. _____ BUILDING MACERICH PROPERTY MGMT CO, LLC MACERICH 401 WILSHIRE BLVD. SUITE 700 SANTA MONICA CA 90401	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.32. _____ BUILDING PDG AMERICA SHOPPING CENTERS, LLC PHILLIPS EDISON & COMPANY 11501 NORTHLAKE DRIVE CINCINNATI OH 45249	OPERATING LEASE	NA	NA	NA
55.33. _____ BUILDING MS. JUDITH GAEDE, A SINGLE PERSON 505 W. SUNSET CIRCLE MESA AZ 85201	OPERATING LEASE	NA	NA	NA
55.34. _____ BUILDING CAL WORLD PALMDALE, LLC THE REMM GROUP 15991 RED HILL AVE SUITE 200 TUSTIN CA 92780	OPERATING LEASE	NA	NA	NA
55.35. _____ BUILDING MACERICH REAL ESTATE COMPANY ANNAPOLIS MANAGEMENT COMPANY 170 JENNIFER ROAD SUITE 330 ANNAPOLIS MD 21401	OPERATING LEASE	NA	NA	NA
55.36. _____ BUILDING KIMCO ENGLEWOOD 683, INC. KIMCO REALTY CORPORATION 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042	OPERATING LEASE	NA	NA	NA
55.37. _____ BUILDING JOE AMATO EAST END CENTRE, LP 1 AMATO DRIVE MOOSIC PA 18505	OPERATING LEASE	NA	NA	NA
55.38. _____ BUILDING VENTIMIGLIA COMPANY, LLC COLUMBIA AGENCY, INC. 4390 N. ACADEMY BLVD. COLORADO SPRINGS CO 80918	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.39. _____	OPERATING LEASE	NA	NA	NA
BUILDING PIKE PARK ASSOCIATES LLLP MARYLAND FINANCIAL INVESTORS, INC.. 2800 QUARRY LAKE DRIVE SUITE 340 BALTIMORE MD 21209				
55.40. _____	OPERATING LEASE	NA	NA	NA
BUILDING PIKE PARK ASSOCIATES LLLP MARYLAND FINANCIAL INVESTORS, INC.. 2800 QUARRY LAKE DRIVE SUITE 340 BALTIMORE MD 21209				
55.41. _____	OPERATING LEASE	NA	NA	NA
BUILDING STONE RIDGE PLAZA, LLC COMPSON DEVELOPMENT 2465 RIDGE ROAD W ROCHESTER NY 14626				
55.42. _____	OPERATING LEASE	NA	NA	NA
BUILDING BERKSHIRE WEST, LLC 1665 STATE HILL ROAD WYOMISSING PA 19610				
55.43. _____	OPERATING LEASE	NA	NA	NA
BUILDING MINGES CREEK, LLC REDICO MANAGEMENT, INC. ONE TOWN SQUARE SUITE 1600 SOUTHFIELD MI 48076				
55.44. _____	OPERATING LEASE	NA	NA	NA
BUILDING URBAN EDGE YORK LP URBAN EDGE PROPERTIES 210 ROUTE 4 EAST PARAMUS NJ 07652				

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.45. _____ BUILDING KCH PROPERTIES, INC. KIMCO REALTY CORPORATION 1954 GREENSPRING DRIVE SUITE 330 TIMONIUM MD 21093	OPERATING LEASE	NA	NA	NA
55.46. _____ BUILDING OTS ENTERPRISES LLC DBA COLONIAL MANAGEMENT LLC 222 NORTH STREET MADISON WI 53704	OPERATING LEASE	NA	NA	NA
55.47. _____ BUILDING THE WILLIAM D. GRASSE LIVING TRUST DATED AUGUST 31, 2006 5110 HESSEL ROAD SEDASTOPOL CA 95472	OPERATING LEASE	NA	NA	NA
55.48. _____ BUILDING S & S SHOPPING CENTERS, LTD SPIGEL PROPERTIES, INC 70 NE LOOP 410 SUITE 185 SAN ANTONIO TX 78216	OPERATING LEASE	NA	NA	NA
55.49. _____ BUILDING KIMSCHOTT FACTORIA MALL, LLC KIMCO REALTY CORPORATION 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042	OPERATING LEASE	NA	NA	NA
55.50. _____ BUILDING AMHERST II UE LLC URBAN EDGE PROPERTIES 210 ROUTE 4 EAST PARAMUS NJ 07652	OPERATING LEASE	NA	NA	NA
55.51. _____ BUILDING GGP-MAINE MALL L.L.C. GENERAL GROWTH PROPERTIES, INC. 110 NORTH WACKER DRIVE CHICAGO IL 60606	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.52. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.53. _____ BUILDING SB ADVISORS INC. PO BOX 3434 ENGLEWOOD CO 80155	OPERATING LEASE	NA	NA	NA
55.54. _____ BUILDING KIR SMOKETOWN STATION L.P. KIMCO REALTY CORPORATION 1954 GREENSPRING DRIVE SUITE 330 TIMONIUM MD 21093	OPERATING LEASE	NA	NA	NA
55.55. _____ BUILDING BHC ENTERPRISES, LC 1095 SOUTH 800 EAST STE. 1 OREM UT 84097	OPERATING LEASE	NA	NA	NA
55.56. _____ BUILDING WHITEMAK ASSOC. & PA REAL ESTATE INVESTMENT TRUST WP GLIMCHER INC 180 EAST BROAD ST COLUMBUS OH 43215	OPERATING LEASE	NA	NA	NA
55.57. _____ BUILDING BRIXMOR BERKSHIRE CROSSING LLC BRIXMOR PROPERTY GROUP 450 LEXINGTON AVE 13TH FLOOR NEW YORK NY 10170	OPERATING LEASE	NA	NA	NA
55.58. _____ BUILDING SY VENTURES V, LLC. 1ST COMMERCIAL REALTY GROUP, INC 3808 GRAND AVENUE SUITE B CHINO CA 91710	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.59. _____ BUILDING COUNTRY CLUB PLAZA INVESTORS, LLC 2310 WATT AVE SACRAMENTO CA 95825	OPERATING LEASE	NA	NA	NA
55.60. _____ BUILDING SAFARI II, LLC ASSAM PROPERTY MANAGEMENT, INC. 530 S PHILLIPS AVENUE SOUX FALLS SD 57104	OPERATING LEASE	NA	NA	NA
55.61. _____ BUILDING WEINSTEIN ENTERPRISES, INC. ROCKRIDGE FARM 961 ROUTE 52 CARMEL NY 10512	OPERATING LEASE	NA	NA	NA
55.62. _____ BUILDING PARK CENTER SQUARE, LLC C/O PACIFIC WEST ASSET MANAGEMENT CORP PO BOX 19068 IRVINE CA 92623	OPERATING LEASE	NA	NA	NA
55.63. _____ BUILDING PRU/DESERT CROSSING I, LLC C/O CBRE, INC. 8080 PARK LANE SUITE 800 DALLAS TX 75231	OPERATING LEASE	NA	NA	NA
55.64. _____ BUILDING NORMAN C. JACK AS TRUSTEE 2870 BLOOMFIELD ROAD SEBASTOPOL CA 95473	OPERATING LEASE	NA	NA	NA
55.65. _____ BUILDING KIMCO OF PENNSYLVANIA TRUST KIMCO REALTY CORPORATION 1954 GREENSPRING DRIVE SUITE 330 TIMONIUM MD 21093	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.66. _____ BUILDING KIMCO OF PENNSYLVANIA TRUST KIMCO REALTY CORPORATION 1954 GREENSPRING DRIVE SUITE 330 TIMONIUM MD 21093	OPERATING LEASE	NA	NA	NA
55.67. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.68. _____ BUILDING BG FLATS II - III, LLC DEVELOPERS DIVERSIFIED REALTY 3300 ENTERPRISE PARKWAY BEACHWOOD OH 44122	OPERATING LEASE	NA	NA	NA
55.69. _____ BUILDING HYBLA CENTER LIMITED PARTNERSHIP C/O FINMARC MANAGEMENT, INC 7200 WISCONSIN AVENUE SUITE 1100 BETHESDA MD 20814	OPERATING LEASE	NA	NA	NA
55.70. _____ BUILDING WCP SOUTHGATE PLAZA, LLC WRIGHTWOOD FINANCIAL 300 SOUTH WACKER DRIVE SUITE 1250 CHICAGO IL 60606	OPERATING LEASE	NA	NA	NA
55.71. _____ BUILDING MSB SHOPPING CENTER SAMUEL & COMPANY, INC PO BOX 2397 KIRKLAND WA 98083	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.72. _____ BUILDING 17070 COLLINS AVENUE SHOPPING CENTER, LTD & R.K. HALLANDALE LP RK CENTERS 50 CABOT ST SUITE 200 NEEDHAM MA 02494	OPERATING LEASE	NA	NA	NA
55.73. _____ BUILDING COLUMBIA MALL PARTNERSHIP SIMON PROPERTY GROUP 225 WEST WASHINGTON STREET INDIANAPOLIS IN 46204	OPERATING LEASE	NA	NA	NA
55.74. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.75. _____ BUILDING BRANDYWINE SQUARE, LLC 4767 CONCORD PIKE WILMINGTON DE 19803	OPERATING LEASE	NA	NA	NA
55.76. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.77. _____ BUILDING OXFORD VALLEY ROAD ASSOCIATES, L.P. 350 SENTRY PKWY #300 BLUE BELL PA 19422	OPERATING LEASE	NA	NA	NA
55.78. _____ BUILDING F&M SORCI LAND CO INC BIAGINI PROPERTIES, INC 333 W. EL CAMINO REAL SUITE 240 SUNNYVALE CA 94087	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.79. _____ BUILDING DDRM HIGHLAND GROVE, LLC DEVELOPERS DIVERSIFIED REALTY 3300 ENTERPRISE PARKWAY BEACHWOOD OH 44122	OPERATING LEASE	NA	NA	NA
55.80. _____ BUILDING STRS OHIO CA REAL ESTATE INVESTMENTS II, LLC CB RICHARD ELLIS 9536 WILSHIRE BLVD. SUITE 210 BEVERLY HILLS CA 90212	OPERATING LEASE	NA	NA	NA
55.81. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.82. _____ BUILDING BRIXMOR DICKSON CITY PARCEL OWNER, LLC BRIXMOR PROPRETY GROUP INC 450 LEXINGTON AVE 13TH FLOOR NEW YORK NY 10017	OPERATING LEASE	NA	NA	NA
55.83. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.84. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.85. _____ BUILDING BURBANK EMPIRE CENTER, LLC C/O TIARNA REAL ESTATE SERVICES, INC 15250 VENTURA BLVD SUITE 1010 SHERMAN OAKS CA 91403	OPERATING LEASE	NA	NA	NA
55.86. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.87. _____ BUILDING PLAMEX INVESTMENT, LLC GREENLAND PROPERTY MANAGEMENT LLC PO BOX 489 BUENA PARK CA 90621	OPERATING LEASE	NA	NA	NA
55.88. _____ BUILDING NED M AND CONNIE G THOMPSON, TRUSTEE OF NED M AND CONNIE G THOMPSON FAMILY TRUST PO BOX 6061 ATASCADERO CA 93423	OPERATING LEASE	NA	NA	NA
55.89. _____ BUILDING GREAT NORTHERN GAS COMPANY ATTN: THOMAS L DIGRAPPA 621 17TH STREET SUITE 2150 DENVER CO 80293	OPERATING LEASE	NA	NA	NA
55.90. _____ BUILDING CERRITOS PROMENADE, LLC AMERICA WEST PROPERTIES PO BOX 1299 LAKE FOREST CA 92609	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.91. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.92. _____ BUILDING TOWN CENTER I FAMILY PARTNERSHIP 5677 OBERLIN DRIVE #114 SAN DIEGO CA 92121	OPERATING LEASE	NA	NA	NA
55.93. _____ BUILDING YAM AND SUE LEE LIVING TRUST 4043 MARK TERRACE SAN DIEGO CA 92117	OPERATING LEASE	NA	NA	NA
55.94. _____ BUILDING WATERTOWN MALL ASSOCIATES, LP 550 ARSENAL STREET WATERTOWN MA 02172	OPERATING LEASE	NA	NA	NA
55.95. _____ BUILDING WATERTOWN MALL MGMT. OFFICE 550 ARSENAL STREET WATERTOWN MA 02172	OPERATING LEASE	NA	NA	NA
55.96. _____ BUILDING LAGUNA WOODS CANYON, LLC 4699 WHITE OAK ENCINO CA 91316	OPERATING LEASE	NA	NA	NA
55.97. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.98. _____	OPERATING LEASE	NA	NA	NA
BUILDING				
SHAW MARKETPLACE PAK, LLC MANCO ABBOTT, INC. 1398 W HERNDON AVE SUITE 105 FRESNO CA 93711				
55.99. _____	OPERATING LEASE	NA	NA	NA
BUILDING				
CH REALTY III/GAITHERSTOWNE, LLC CBRE, INC 750 9TH ST NW SUITE 900 WASHINGTON DC 20001				
55.100. _____	OPERATING LEASE	NA	NA	NA
BUILDING				
DOWNEY DOLAN HE LLC 1101 MONTANA AVENUE SUITE A SANTA MONICA CA 90403				
55.101. _____	OPERATING LEASE	NA	NA	NA
BUILDING				
ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016				
55.102. _____	OPERATING LEASE	NA	NA	NA
BUILDING				
RED ROSE COMMONS ASSOCIATES, LP 350 SENTRY PKWY BLDG 630 SUITE 300 BLUE BELL PA 19422				
55.103. _____	OPERATING LEASE	NA	NA	NA
BUILDING				
BELLIS FAIR PARTNERS GENERAL GROWTH PROPERTIES, INC. ONE BELLIS FAIR PARKWAY BELLINGHAM WA 98226				

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.104. _____ BUILDING NMC SANTA ANA, LLC NEWMARK MERRILL COMPANIES 5850 CANOGA AVENUE SUITE 650 WOODLAND HILLS CA 91367	OPERATING LEASE	NA	NA	NA
55.105. _____ BUILDING WESTLAND SOUTH SHORE MALL L.P. WESTFIELD SOUTH SHORE 2049 CENTURY PARK EAST LOS ANGELES CA 90067	OPERATING LEASE	NA	NA	NA
55.106. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.107. _____ BUILDING FR FLORIDA, INC C/O FEDERAL REALTY INVESTMENT TRUST 1626 EAST JEFFERSON STREET ROCKVILLE MD 20852	OPERATING LEASE	NA	NA	NA
55.108. _____ BUILDING NF PLANT ASSOCIATES, LLC DECORON MANAGEMENT CORP 6222 WILSHIRE BLVD SUITE 400 LOS ANGELES CA 90048	OPERATING LEASE	NA	NA	NA
55.109. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.110. _____ BUILDING COUNTRYSIDE PLAZA THE VIEIRA COMPANY 227 N SANTA CRUZ AVE SUITE B LOS GATOS CA 95030	OPERATING LEASE	NA	NA	NA
55.111. _____ BUILDING INLAND COMMERCIAL PROPERTY MANAGEMENT, INC. 814 COMMERCE DRIVE SUITE 300 OAK BROOK IL 60523	OPERATING LEASE	NA	NA	NA
55.112. _____ BUILDING THE CAFARO NORTHWEST PARTNERSHIP THE CAFARO COMPANY - ATTN: LEGAL DEPARTMENT 5577 YOUNGSTOWN-WARREN ROAD NILES OH 44446	OPERATING LEASE	NA	NA	NA
55.113. _____ BUILDING THE CAFARO NORTHWEST PARTNERSHIP THE CAFARO COMPANY - ATTN: LEGAL DEPARTMENT 5577 YOUNGSTOWN-WARREN ROAD NILES OH 44446	OPERATING LEASE	NA	NA	NA
55.114. _____ BUILDING WRI-URS CLACKAMAS, LLC WEINGARTEN REALTY INVESTORS PO BOX 924133 HOUSTON TX 77292	OPERATING LEASE	NA	NA	NA
55.115. _____ BUILDING THE CAFARO NORTHWEST PARTNERSHIP THE CAFARO COMPANY - ATTN: LEGAL DEPARTMENT 5577 YOUNGSTOWN-WARREN ROAD NILES OH 44446	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.116. _____ BUILDING THE CAFARO NORTHWEST PARTNERSHIP THE CAFARO COMPANY - ATTN: LEGAL DEPARTMENT 5577 YOUNGSTOWN-WARREN ROAD NILES OH 44446	OPERATING LEASE	NA	NA	NA
55.117. _____ BUILDING RPAI US MANAGEMENT LLC 2021 SPRING ROAD SUITE 200 OAK BROOK IL 60523	OPERATING LEASE	NA	NA	NA
55.118. _____ BUILDING PLAZA 205 GARP, LLC GERRITY GROUP, LLC 977 LOMAS SANTA FE DR SUITE A SOLANA BEACH CA 92075	OPERATING LEASE	NA	NA	NA
55.119. _____ BUILDING LANCASTER CENTER EAST LLC 1905 SE 10TH AVENUE PORTLAND OR 97214	OPERATING LEASE	NA	NA	NA
55.120. _____ BUILDING SEATAC VILLAGE SHOPPING CENTER, LLC HARSCH INVESTMENT PROPERTIES 1430 SW BROADWAY AVENUE SUITE 100 PORTLAND OR 97201	OPERATING LEASE	NA	NA	NA
55.121. _____ BUILDING NORMAN H. SCHEINER AND CAROL ANN BARNETT, TRUSTEES OF THE SCHEINER/BARNETT FAMIL 14 LAUREL LANE SAUSALITO CA 94965	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.122. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.123. _____ BUILDING NIKI HOLDINGS, LP THE NIKI GROUP, LLC 11260 EL CAMINO REAL SUITE 220 SAN DIEGO CA 92130	OPERATING LEASE	NA	NA	NA
55.124. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.125. _____ BUILDING VESTAR ARIZONA XXVI, LLC VESTAR DEVELOPMENT CO 2425 EAST CAMELBACK ROAD PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.126. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.127. _____ BUILDING SOUTHPOINT BUSINESS PARK ASSOCIATES SOUTHPOINT BUSINESS PARK ASSOCIATION PO BOX 5368 SAN JOSE CA 95150	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.128. _____ BUILDING SOUTHPOINT BUSINESS PARK ASSOCIATES SOUTHPOINT BUSINESS PARK ASSOCIATION PO BOX 5368 SAN JOSE CA 95150	OPERATING LEASE	NA	NA	NA
55.129. _____ BUILDING UNION BANK N.A. 530 "B" STREET SUITE 920 SAN DIEGO CA 92101	OPERATING LEASE	NA	NA	NA
55.130. _____ BUILDING THE CENTRE AT FORESTVILLE LLC PETRIE ROSS 1919 WEST STREET SUITE 100 ANNAPOLIS MD 21401	OPERATING LEASE	NA	NA	NA
55.131. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.132. _____ BUILDING PR WARRINGTON LIMITED PARTNERSHIP RIOCAN AMERICA MANAGEMENT LP 307 FELLOWSHIP ROAD SUITE 116 MT LAUREL NJ 08054	OPERATING LEASE	NA	NA	NA
55.133. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.134. _____ BUILDING SLO PROMENADE DE, LLC TKG MANAGEMENT, INC 211 N STADIUM BLVD SUITE 201 COLUMBIA MO 65203	OPERATING LEASE	NA	NA	NA
55.135. _____ BUILDING DEL AMO FASHION CENTER OPERATING CO, LLC SIMON PROPERTY GROUP 225 WEST WASHINGTON STREET INDIANAPOLIS IN 46204	OPERATING LEASE	NA	NA	NA
55.136. _____ BUILDING SOUTHLAND MALL LP ROUSE PROPERTIES INC 1114 AVENUE OF THE AMERICAS NEW YORK NY 10036	OPERATING LEASE	NA	NA	NA
55.137. _____ BUILDING FAIRFIELD GATEWAY, LP 1605 HOPE ST SUITE 340 SOUTH PASADENA CA 91030	OPERATING LEASE	NA	NA	NA
55.138. _____ BUILDING FAIRFIELD GATEWAY, LP 1605 HOPE ST SUITE 340 SOUTH PASADENA CA 91030	OPERATING LEASE	NA	NA	NA
55.139. _____ BUILDING JOHN S. LEE AND HELEN Y. LEE 1993 REVOCABLE LIVING TRUST DATED DECEMBER C/O AMERICAN REALTY AND CONSTRUCTION INC 1489 WEBSTER STREET SUITE 218 SAN FRANCISCO CA 94115	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.140. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.141. _____ BUILDING BIG DOLPHIN LLC C/O E. VALENCIA INVESTMENTS LLC 11930 VISTA DEL SOL #C EL PASO TX 79936	OPERATING LEASE	NA	NA	NA
55.142. _____ BUILDING K S DEVELOPERS 15823 SHELBYVILLE ROAD LOUISVILLE KY 40245	OPERATING LEASE	NA	NA	NA
55.143. _____ BUILDING WICK SHOPPING PLAZA ASSOCIATES, LLC PO BOX 29 WOODBIDGE NJ 07095	OPERATING LEASE	NA	NA	NA
55.144. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.145. _____ BUILDING ROOSEVELT II ASSOCIATES, L.P. PARAMOUNT REALTY SERVICES, INC. 1195 ROUTE 70 SUITE 2000 LAKEWOOD NJ 08701	OPERATING LEASE	NA	NA	NA
55.146. _____ BUILDING MILFORD ASSOCIATES FIDELITY MANAGEMENT, INC. 641 SHUNPIKE ROAD CHATHAM NJ 07928	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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

55.147. _____ BUILDING F.I. MENTOR I, LLC FIRST INTERSTATE PROPERTIES LTD 25333 CEDAR ROAD SUITE 300 LYNDHURST OH 44124	OPERATING LEASE	NA	NA	NA
55.148. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.149. _____ BUILDING CRI OUTPARCELS, LLC CASTO - LEGAL DEPARTMENT 250 CIVIC CENTER DRIVE SUITE 500 COLUMBUS OH 43215	OPERATING LEASE	NA	NA	NA
55.150. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.151. _____ BUILDING HOME DEPOT 2455 PACES FERRY ROAD ATLANTA GA 30339	OPERATING LEASE	NA	NA	NA
55.152. _____ BUILDING ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016	OPERATING LEASE	NA	NA	NA
55.153. _____ BUILDING CENTERCAP HOLDING, LLC 105 FOULK ROAD WILMINGTON DE 19803	OPERATING LEASE	NA	NA	NA

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****56. Total of part 9**

Add the current value on lines 55. Copy the total to line 88.

\$1,000,000.00

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 property****59. Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
60.1. _____	\$ _____	_____	\$ _____
61. Internet domain names and websites			
	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties			
62.1. _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations			
63.1. _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property			
64.1. _____	\$ _____	_____	\$ _____
65. Goodwill			
65.1. _____	\$ _____	_____	\$ _____

66. Total of part 10

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?☐ No☐ Yes**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☐ No☐ Yes**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**☐ No☐ Yes

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

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

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

Current value of debtor's interest**71. Notes receivable**

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount		Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____	= →	\$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. _____	\$ _____	\$ _____	_____	\$ _____

73. Interests in insurance policies or annuities

Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1. _____	_____	_____	_____	_____	\$ _____

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

Nature of claim	Amount requested	Current value of debtor's interest
74.1. _____	\$ _____	\$ _____

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

Nature of claim	Amount requested	Current value of debtor's interest
75.1. _____	\$ _____	\$ _____

76. Trusts, equitable or future interests in property

76.1. _____	\$ _____
-------------	----------

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1. LL A/R- ALLOWANCE & LL CONTRIB

UNKNOWN

77.2. CAPITALIZED LEASEHOLD IMPROVEMENTS

UNKNOWN

78. Total of part 11

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

UNKNOWN

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

- ☒ No
- ☐ Yes

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****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>	\$514,900.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$662,320.74	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,817,921.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$1,589,606.00	
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>	\$35,476,700.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$1,000,000.00
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> + UNKNOWN		
91. Total. Add lines 80 through 90 for each column.91a.	\$40,061,447.74	+ 91b. \$1,000,000.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$41,061,447.74

Fill in this information to identify the case:

Debtor name: OCB Restaurant Company, LLC

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 16-50559

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A
Amount of
Claim**
Do not deduct
the value of
collateral.

**Column B
Value of
collateral that
supports this
claim**

2.1. Creditor's name and address

ALAMO CRG, LLC
120 CHULA VISTA
HOLLYWOOD PARK TX 78232

Creditor's email address, if known

Date debt was incurred: 8/19/2015

Last 4 digits of account number:

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

☒ No. Specify each creditor, including this creditor, and its relative priority.
PARI PASSU WITH ALL OTHER CREDITORS SECURED BY ALL ASSETS OF THE COMPANY

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE COMPANY

\$6,198,246.57

UNKNOWN

Describe the lien

TERM NOTE PAYABLE DATED AUGUST 19, 2015, COLLATERALIZED BY ALL ASSETS OF THE COMPANY

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☐ No

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

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

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

2.2. Creditor's name and address

ALAMO CRG, LLC
120 CHULA VISTA
HOLLYWOOD PARK TX 78232

Creditor's email address, if known

Date debt was incurred: 12/31/2015

Last 4 digits of account number: _____

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

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

☒ Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE COMPANY \$2,066,082.19 UNKNOWN

Describe the lien

TERM NOTE PAYABLE DATED DECEMBER 31, 2015, COLLATERALIZED BY ALL ASSETS OF THE COMPANY.

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☐ No

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

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

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3. Creditor's name and address

ALL JONES, LLC
120 CHULA VISTA
HOLLYWOOD PARK TX 78232

Creditor's email address, if known

Date debt was incurred: 8/18/2015

Last 4 digits of account number: _____

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

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

☒ Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE COMPANY \$8,264,328.76 UNKNOWN

Describe the lien

TERM NOTE PAYABLE DATED AUGUST 18, 2015, COLLATERALIZED BY ALL ASSETS OF THE COMPANY.

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☐ No

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

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

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

2.4. Creditor's name and address

BPTX HOLDINGS, LLC
120 CHULA VISTA
HOLLYWOOD PARK TX 78232

Creditor's email address, if known

Date debt was incurred: 8/18/2015

Last 4 digits of account number: _____

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

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

☒ Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE COMPANY \$8,264,328.76 UNKNOWN

Describe the lien

TERM NOTE PAYABLE DATED AUGUST 18, 2015, COLLATERALIZED BY ALL ASSETS OF THE COMPANY.

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☐ No

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

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

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5. Creditor's name and address

DAYSRING OPERATING, LLC
120 CHULA VISTA
HOLLYWOOD PARK TX 78232

Creditor's email address, if known

Date debt was incurred: 8/18/2015

Last 4 digits of account number: _____

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

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

☒ Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE COMPANY \$8,264,328.76 UNKNOWN

Describe the lien

TERM NOTE PAYABLE DATED AUGUST 18, 2015, COLLATERALIZED BY ALL ASSETS OF THE COMPANY.

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☐ No

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

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

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

2.6. Creditor's name and address

FMP SA MANAGEMENT GROUP, LLC
120 CHULA VISTA
HOLLYWOOD PARK TX 78232

Creditor's email address, if known

Date debt was incurred: 8/18/2015

Last 4 digits of account number: _____

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

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

☒ Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE COMPANY \$7,404,838.57 UNKNOWN

Describe the lien

TERM NOTE PAYABLE DATED AUGUST 18, 2015, COLLATERALIZED BY ALL ASSETS OF THE COMPANY.

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☐ No

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

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

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7. Creditor's name and address

LARRAC INV., LLC SERIES Z
120 CHULA VISTA
HOLLYWOOD PARK TX 78232

Creditor's email address, if known

Date debt was incurred: 8/18/2015

Last 4 digits of account number: _____

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

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

☒ Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE COMPANY \$8,264,328.76 UNKNOWN

Describe the lien

TERM NOTE PAYABLE DATED AUGUST 18, 2015, COLLATERALIZED BY ALL ASSETS OF THE COMPANY.

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. **\$48,726,482.37**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

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
3.1.	DYKEMA COX SMITH DEBORAH D WILLIAMSON 112 E PECAN ST. STE 1800 SAN ANTONIO TX 78205	Line 2.1	_____
3.2.	DYKEMA COX SMITH MARK E ANDREWS 112 E PECAN ST. STE 1800 SAN ANTONIO TX 78205	Line 2.1	_____
3.3.	DYKEMA COX SMITH PATRICK L HUFFSTICKLER 112 E PECAN ST. STE 1800 SAN ANTONIO TX 78205	Line 2.1	_____
3.4.	DYKEMA COX SMITH DEBORAH D WILLIAMSON 112 E PECAN ST. STE 1800 SAN ANTONIO TX 78205	Line 2.2	_____
3.5.	DYKEMA COX SMITH MARK E ANDREWS 112 E PECAN ST. STE 1800 SAN ANTONIO TX 78205	Line 2.2	_____
3.6.	DYKEMA COX SMITH PATRICK L HUFFSTICKLER 112 E PECAN ST. STE 1800 SAN ANTONIO TX 78205	Line 2.2	_____

Fill in this information to identify the case:

Debtor name: OCB Restaurant Company, LLC

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 16-50559

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

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

2.1. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
ANOKA COUNTY, MINNESOTA 2100 3RD AVE ANOKA MN 55303-2281	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,511.52	\$13,511.52
Date or dates debt was incurred 8/19/2015 - 3/6/2016	Basis for the claim: TAXES		Nonpriority amount \$0.00
Last 4 digits of account number: UNKNOWN	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

2.2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
ARAPAHOE COUNTY TAX COLLECTOR 5334 S PRINCE ST LITTLETON CO 80120-1136	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,086.05	\$16,086.05
Date or dates debt was incurred 8/19/2015 - 3/6/2016	Basis for the claim: TAXES		Nonpriority amount \$0.00
Last 4 digits of account number: UNKNOWN	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.3.	Priority creditor's name and mailing address ARIZONA DEPARTMENT OF REVENUE PO BOX 29010 PHOENIX AZ 85028-9010 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$41,610.21	Priority amount \$41,610.21 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.4.	Priority creditor's name and mailing address BENTON COUNTY TAX COLLECTOR 5600 W CANAL DRIVE, STE A KENNEWICK WA 99336-2327 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$3,886.47	Priority amount \$3,886.47 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.5.	Priority creditor's name and mailing address BLUE EARTH COUNTY TREASURER 204 S FIFTH ST BOX 3567 MANKATO MN 56002-3567 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$7,637.85	Priority amount \$7,637.85 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.6.	Priority creditor's name and mailing address BROWARD COUNTY TAX COLLECTOR 115 S. ANDREWS AVE #A100 FORT LAUDERDALE FL 33301-1895 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,667.35	Priority amount \$1,667.35 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.7.	Priority creditor's name and mailing address BROWN COUNTY TREASURER PO BOX 23600 GREEN BAY WI 54305-3600 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$122.59	Priority amount \$122.59 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.8.	Priority creditor's name and mailing address BROWN DEER VILLAGE COLLECTOR (MILWAUKEE) 4800 W GREEN BROOK DR BROWN DEER WI 53223 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,162.66	Priority amount \$1,162.66 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.9.	Priority creditor's name and mailing address CALIFORNIA STATE PO BOX 942879 SACRAMENTO CA 94279-0001 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$345,621.00	Priority amount \$345,621.00 Nonpriority amount \$0.00
2.10.	Priority creditor's name and mailing address CITY OF ARVADA TAX DIVISION PO BOX 8101 ARVADA CO 80001-8101 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$6,121.49	Priority amount \$6,121.49 Nonpriority amount \$0.00
2.11.	Priority creditor's name and mailing address CITY OF AURORA - SALES TAX DIVISION PO BOX 33001 AURORA CO 80041-3001 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$133.97	Priority amount \$133.97 Nonpriority amount \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.12. Priority creditor's name and mailing address CITY OF BELLEVUE/TAX DIVISION PO BOX 90012 OLYMPIA WA 98009-9012 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,506.08</td></tr></table>	Total claim	\$3,506.08	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$3,506.08</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,506.08	Nonpriority amount	\$0.00
Total claim									
\$3,506.08									
Priority amount									
\$3,506.08									
Nonpriority amount									
\$0.00									
2.13. Priority creditor's name and mailing address CITY OF BELLINGHAM/FINANCE DEPARTMENT 210 LOTTIE STREET BELLINGHAM WA 98225 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$4,925.39</td></tr></table>	Total claim	\$4,925.39	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$4,925.39</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$4,925.39	Nonpriority amount	\$0.00
Total claim									
\$4,925.39									
Priority amount									
\$4,925.39									
Nonpriority amount									
\$0.00									
2.14. Priority creditor's name and mailing address CITY OF CHICAGO-DEPARTMENT OF REVENUE 22149 NETWORK PL CHICAGO IL 60673-1221 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,389.14</td></tr></table>	Total claim	\$1,389.14	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,389.14</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,389.14	Nonpriority amount	\$0.00
Total claim									
\$1,389.14									
Priority amount									
\$1,389.14									
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.15. Priority creditor's name and mailing address CITY OF DENVER-DEPARTMENT OF FINANCE PO BOX 660860 DALLAS TX 75266 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8,176.17</td> </tr> </table>	Total claim	\$8,176.17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$8,176.17</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$8,176.17	Nonpriority amount	\$0.00
Total claim									
\$8,176.17									
Priority amount									
\$8,176.17									
Nonpriority amount									
\$0.00									
2.16. Priority creditor's name and mailing address CITY OF ENGLEWOOD - SALES TAX DIVISION TREASURER ENGLEWOOD CO 80160 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,771.75</td> </tr> </table>	Total claim	\$5,771.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,771.75</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,771.75	Nonpriority amount	\$0.00
Total claim									
\$5,771.75									
Priority amount									
\$5,771.75									
Nonpriority amount									
\$0.00									
2.17. Priority creditor's name and mailing address CITY OF GLENDALE PO BOX 800 GLENDALE AZ 85311-0800 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$8,309.55</td> </tr> </table>	Total claim	\$8,309.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$8,309.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$8,309.55	Nonpriority amount	\$0.00
Total claim									
\$8,309.55									
Priority amount									
\$8,309.55									
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.18. Priority creditor's name and mailing address CITY OF MESA PO BOX 16350 MESA AZ 85211-6350 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,171.18</td> <td style="text-align: center;">\$4,171.18</td> </tr> </table>	Total claim	Priority amount	\$4,171.18	\$4,171.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$4,171.18	\$4,171.18								
Nonpriority amount									
\$0.00									
2.19. Priority creditor's name and mailing address CITY OF PHOENIX PO BOX 29125 PHOENIX AZ 85038-9125 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,816.81</td> <td style="text-align: center;">\$3,816.81</td> </tr> </table>	Total claim	Priority amount	\$3,816.81	\$3,816.81	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$3,816.81	\$3,816.81								
Nonpriority amount									
\$0.00									
2.20. Priority creditor's name and mailing address CITY OF WESTMINSTER - SALES TAX DIVISION PO BOX 17107 DENVER CO 80217-7107 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6,412.88</td> <td style="text-align: center;">\$6,412.88</td> </tr> </table>	Total claim	Priority amount	\$6,412.88	\$6,412.88	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$6,412.88	\$6,412.88								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.21. Priority creditor's name and mailing address CLARK COUNTY TAX COLLECTOR PO BOX 9808 VANCOUVER WA 98666 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$2,941.09	Priority amount \$2,941.09 Nonpriority amount \$0.00
2.22. Priority creditor's name and mailing address COLORADO DEPARTMENT OF REVENUE TREASURER DENVER CO 80261-0013 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$46,389.17	Priority amount \$46,389.17 Nonpriority amount \$0.00
2.23. Priority creditor's name and mailing address COLORADO SPRINGS -SALES TAX DIVISION PO BOX 2408 DENVER CO 80256-0001 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$6,162.92	Priority amount \$6,162.92 Nonpriority amount \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.24. Priority creditor's name and mailing address CONNECTICUT DEPARTMENT OF REVENUE PO BOX 2980 HARTFORD CT 06104-2980 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$21,614.92</td> <td style="text-align: center;">\$21,614.92</td> </tr> </table>	Total claim	Priority amount	\$21,614.92	\$21,614.92	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$21,614.92	\$21,614.92								
Nonpriority amount									
\$0.00									
2.25. Priority creditor's name and mailing address CONTRA COSTA CO 2050 DIAMOND BLVD CONCORD CA 94520 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$6,009.48</td> <td style="text-align: center;">\$6,009.48</td> </tr> </table>	Total claim	Priority amount	\$6,009.48	\$6,009.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$6,009.48	\$6,009.48								
Nonpriority amount									
\$0.00									
2.26. Priority creditor's name and mailing address DARTMOUTH MUNICIPAL TAX COLLECTOR PO BOX 981003 BOSTON MA 02298-1003 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$224.31</td> <td style="text-align: center;">\$224.31</td> </tr> </table>	Total claim	Priority amount	\$224.31	\$224.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$224.31	\$224.31								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.27. Priority creditor's name and mailing address DAVIDSON COUNTY TAX COLLECTOR P O BOX 305012 NASHVILLE TN 37230-5012 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$847.73</td> <td style="text-align: center;">\$847.73</td> </tr> </table>	Total claim	Priority amount	\$847.73	\$847.73	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$847.73	\$847.73								
Nonpriority amount									
\$0.00									
2.28. Priority creditor's name and mailing address DELAWARE DEPARTMENT OF REVENUE PO BOX 2044 WILMINGTON DE 19899-2044 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> <td style="text-align: center;">\$0.00</td> </tr> </table>	Total claim	Priority amount	\$0.00	\$0.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$0.00	\$0.00								
Nonpriority amount									
\$0.00									
2.29. Priority creditor's name and mailing address DENVER COUNTY TAX COLLECTOR PO BOX 17420 DENVER CO 80217-0420 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$51,718.66</td> <td style="text-align: center;">\$51,718.66</td> </tr> </table>	Total claim	Priority amount	\$51,718.66	\$51,718.66	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$51,718.66	\$51,718.66								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>2.30. Priority creditor's name and mailing address</p> <p>DENVER COUNTY TAX COLLECTOR PO BOX 17420 DENVER CO 80217-0420</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TAXES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Total claim</p> <p>\$13,747.31</p>	<p>Priority amount</p> <p>\$13,747.31</p>
			<p>Nonpriority amount</p> <p>\$0.00</p>
<p>2.31. Priority creditor's name and mailing address</p> <p>DEPARTMENT OF REVENUE PO BOX 47464 OLYMPIA WA 98504-7469</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TAXES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Total claim</p> <p>\$1,861.03</p>	<p>Priority amount</p> <p>\$1,861.03</p>
			<p>Nonpriority amount</p> <p>\$0.00</p>
<p>2.32. Priority creditor's name and mailing address</p> <p>DEPARTMENT OF REVENUE PO BOX 47464 OLYMPIA WA 98504-7472</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TAXES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Total claim</p> <p>\$1,691.60</p>	<p>Priority amount</p> <p>\$1,691.60</p>
			<p>Nonpriority amount</p> <p>\$0.00</p>

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.33.	Priority creditor's name and mailing address DEPARTMENT OF REVENUE PO BOX 47464 OLYMPIA WA 98504-7472 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$2,108.32	Priority amount \$2,108.32 Nonpriority amount \$0.00
2.34.	Priority creditor's name and mailing address DEPARTMENT OF REVENUE PO BOX 47464 OLYMPIA WA 98504-7472 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,490.83	Priority amount \$1,490.83 Nonpriority amount \$0.00
2.35.	Priority creditor's name and mailing address DEPARTMENT OF REVENUE PO BOX 47464 OLYMPIA WA 98504-7472 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,297.70	Priority amount \$1,297.70 Nonpriority amount \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.36.	Priority creditor's name and mailing address DEPARTMENT OF REVENUE PO BOX 47464 OLYMPIA WA 98504-7472 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,262.01	Priority amount \$1,262.01 Nonpriority amount \$0.00
2.37.	Priority creditor's name and mailing address DOUGLAS COUNTY TAX COLLECTOR PO BOX 1208 CASTLE ROCK CO 80104 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$20,643.21	Priority amount \$20,643.21 Nonpriority amount \$0.00
2.38.	Priority creditor's name and mailing address DOUGLAS COUNTY TAX COLLECTOR PO BOX 1208 CASTLE ROCK CO 80104 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$9,015.62	Priority amount \$9,015.62 Nonpriority amount \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.39. Priority creditor's name and mailing address EL PASO 9120 VISCOUNT BLVD EL PASO TX 79925 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$3,152.16	Priority amount \$3,152.16 Nonpriority amount \$0.00
2.40. Priority creditor's name and mailing address EL PASO COUNTY TAX COLLECTOR PO BOX 2018 COLORADO SPRINGS CO 80901-2018 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$7,437.86	Priority amount \$7,437.86 Nonpriority amount \$0.00
2.41. Priority creditor's name and mailing address EL PASO TAX ASSESSOR-COLLECTOR PO BOX 660271 DALLAS TX 75266-0271 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,154.05	Priority amount \$1,154.05 Nonpriority amount \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.42. Priority creditor's name and mailing address FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST TALLAHASSEE FL 32399-0125 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$12,584.46</td> <td style="text-align: center;">\$12,584.46</td> </tr> </table>	Total claim	Priority amount	\$12,584.46	\$12,584.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$12,584.46	\$12,584.46								
Nonpriority amount									
\$0.00									
2.43. Priority creditor's name and mailing address FORT COLLINS SALES TAX DEPARTMENT PO BOX 440 FORT COLLINS CO 80522-0439 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$121.68</td> <td style="text-align: center;">\$121.68</td> </tr> </table>	Total claim	Priority amount	\$121.68	\$121.68	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$121.68	\$121.68								
Nonpriority amount									
\$0.00									
2.44. Priority creditor's name and mailing address FRANKLIN 3874 MORSE RD COLUMBUS OH 43219 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$42,231.84</td> <td style="text-align: center;">\$42,231.84</td> </tr> </table>	Total claim	Priority amount	\$42,231.84	\$42,231.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$42,231.84	\$42,231.84								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

<p>2.45. Priority creditor's name and mailing address</p> <p>GREENFIELD CITY COLLECTOR (MILWAUKEE) 7325 W FOREST HOME AVE ROOM 103 GREENFIELD WI 53220-3356</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TAXES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$408.67</td> <td style="text-align: center;">\$408.67</td> </tr> </table>	Total claim	Priority amount	\$408.67	\$408.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$408.67	\$408.67								
Nonpriority amount									
\$0.00									
<p>2.46. Priority creditor's name and mailing address</p> <p>ILLINOIS DEPARTMENT OF REVENUE RETAILERS OCCUPATIONAL TAX SPRINGFIELD IL 62796-0001</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TAXES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$51,815.21</td> <td style="text-align: center;">\$51,815.21</td> </tr> </table>	Total claim	Priority amount	\$51,815.21	\$51,815.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$51,815.21	\$51,815.21								
Nonpriority amount									
\$0.00									
<p>2.47. Priority creditor's name and mailing address</p> <p>INDIANA DEPARTMENT OF REVENUE PO BOX 7218 INDIANAPOLIS IN 46207-7218</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TAXES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$17,361.59</td> <td style="text-align: center;">\$17,361.59</td> </tr> </table>	Total claim	Priority amount	\$17,361.59	\$17,361.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$17,361.59	\$17,361.59								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.48. Priority creditor's name and mailing address IOWA DEPARTMENT OF REVENUE PO BOX 10412 DES MOINES IA 50306-0412 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$7,853.04</td> <td style="text-align: center;">\$7,853.04</td> </tr> </table>	Total claim	Priority amount	\$7,853.04	\$7,853.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$7,853.04	\$7,853.04								
Nonpriority amount									
\$0.00									
2.49. Priority creditor's name and mailing address JEFFERSON 1700 ALLIANT AVE LOUISVILLE KY 40299 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,298.08</td> <td style="text-align: center;">\$4,298.08</td> </tr> </table>	Total claim	Priority amount	\$4,298.08	\$4,298.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$4,298.08	\$4,298.08								
Nonpriority amount									
\$0.00									
2.50. Priority creditor's name and mailing address JEFFERSON COUNTY TAX COLLECTOR PO BOX 34570 LOUISVILLE KY 40232-4570 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$317.97</td> <td style="text-align: center;">\$317.97</td> </tr> </table>	Total claim	Priority amount	\$317.97	\$317.97	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$317.97	\$317.97								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.51. Priority creditor's name and mailing address JEFFERSON COUNTY TAX COLLECTOR 100 JEFFERSON CTY PKWY SUITE 2520 GOLDEN CO 80419-2520 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$20,139.26</td> <td style="text-align: center;">\$20,139.26</td> </tr> </table>	Total claim	Priority amount	\$20,139.26	\$20,139.26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$20,139.26	\$20,139.26								
Nonpriority amount									
\$0.00									
2.52. Priority creditor's name and mailing address KENTUCKY REVENUE TREASURER FRANKFORT KY 40620-0003 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$8,241.00</td> <td style="text-align: center;">\$8,241.00</td> </tr> </table>	Total claim	Priority amount	\$8,241.00	\$8,241.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$8,241.00	\$8,241.00								
Nonpriority amount									
\$0.00									
2.53. Priority creditor's name and mailing address KING COUNTY TAX COLLECTOR RM 600-500 FOURTH AVE SEATTLE WA 98104-2340 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,705.21</td> <td style="text-align: center;">\$4,705.21</td> </tr> </table>	Total claim	Priority amount	\$4,705.21	\$4,705.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$4,705.21	\$4,705.21								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.54. Priority creditor's name and mailing address LAKE COUNTY TREASURER 2293 N MAIN ST CROWN POINT IN 46307 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$5,380.62	Priority amount \$5,380.62 Nonpriority amount \$0.00
2.55. Priority creditor's name and mailing address LARIMER COUNTY TAX COLLECTOR PO BOX 2336 FORT COLLINS CO 80522-2336 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$24,936.58	Priority amount \$24,936.58 Nonpriority amount \$0.00
2.56. Priority creditor's name and mailing address LARIMER COUNTY TAX COLLECTOR PO BOX 2336 FORT COLLINS CO 80522-2336 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$12,478.84	Priority amount \$12,478.84 Nonpriority amount \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.57. Priority creditor's name and mailing address LONE TREE CO - DEPARTMENT 1882 PO BOX 911882 DENVER CO 80291-1882 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$73.44</td> <td style="text-align: center;">\$73.44</td> </tr> </table>	Total claim	Priority amount	\$73.44	\$73.44	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$73.44	\$73.44								
Nonpriority amount									
\$0.00									
2.58. Priority creditor's name and mailing address MADISON CITY COLLECTOR (DANE) PO BOX 2999 MADISON WI 53701-2999 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,698.01</td> <td style="text-align: center;">\$1,698.01</td> </tr> </table>	Total claim	Priority amount	\$1,698.01	\$1,698.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,698.01	\$1,698.01								
Nonpriority amount									
\$0.00									
2.59. Priority creditor's name and mailing address MAINE STATE SALES TAX PO BOX 1065 DECUSTA ME 04332 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$14,695.41</td> <td style="text-align: center;">\$14,695.41</td> </tr> </table>	Total claim	Priority amount	\$14,695.41	\$14,695.41	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$14,695.41	\$14,695.41								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.60.	Priority creditor's name and mailing address MANCHESTER 165 SLATER STREET MANCHESTER CT 06040 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$9,530.25	Priority amount \$9,530.25 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.61.	Priority creditor's name and mailing address MANCHESTER TOWN TAX COLLECTOR PO BOX 191 MANCHESTER CT 06045-0191 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$13,972.08	Priority amount \$13,972.08 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.62.	Priority creditor's name and mailing address MARICOPA 17125 N 79TH GLENDALE AZ 85308 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$24,015.58	Priority amount \$24,015.58 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.63. Priority creditor's name and mailing address MARICOPA 6625 E SOUTHERN AVE MESA AZ 85206 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$21,674.38</td> <td style="text-align: center;">\$21,674.38</td> </tr> </table>	Total claim	Priority amount	\$21,674.38	\$21,674.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$21,674.38	\$21,674.38								
Nonpriority amount									
\$0.00									
2.64. Priority creditor's name and mailing address MARICOPA COUNTY TREASURER PO BOX 52133 PHOENIX AZ 85072-2133 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,614.75</td> <td style="text-align: center;">\$1,614.75</td> </tr> </table>	Total claim	Priority amount	\$1,614.75	\$1,614.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,614.75	\$1,614.75								
Nonpriority amount									
\$0.00									
2.65. Priority creditor's name and mailing address MARICOPA COUNTY TREASURER PO BOX 52133 PHOENIX AZ 85072-2133 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$7,434.08</td> <td style="text-align: center;">\$7,434.08</td> </tr> </table>	Total claim	Priority amount	\$7,434.08	\$7,434.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$7,434.08	\$7,434.08								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.66.	Priority creditor's name and mailing address MARSHFIELD CITY COLLECTOR (WOOD) 630 S CENTRAL AVE STE 502 MARSHFIELD WI 54449 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$2,979.88	Priority amount \$2,979.88 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.67.	Priority creditor's name and mailing address MARSHFIELD, WISCONSIN CITY HALL PO BOX 727 MARSHFIELD WI 54449 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$16,247.74	Priority amount \$16,247.74 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.68.	Priority creditor's name and mailing address MARYLAND STATE DEPARTMENT OF REVENUE PO BOX 17405 BALTIMORE MD 21297-1405 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$25,166.57	Priority amount \$25,166.57 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.69.	Priority creditor's name and mailing address MASSACHUSETTS DEPARTMENT OF REVENUE PO BOX 7039 BOSTON MA 02204-7039 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$34,913.30	Priority amount \$34,913.30 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.70.	Priority creditor's name and mailing address MEDFORD MUNICIPAL TAX COLLECTOR TREASURER/COLLECTOR 85 GEORGE P. HASSETT DRIVE MEDFORD MA 01125 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,252.76	Priority amount \$1,252.76 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.71.	Priority creditor's name and mailing address MICHIGAN DEPARTMENT OF TREASURY - EFT UNIT TREASURER LANSING MI 48909 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$58,283.21	Priority amount \$58,283.21 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.72. Priority creditor's name and mailing address MILFORD CITY TAX COLLECTOR PO BOX 3025 MILFORD CT 06460 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$9,753.43</td> <td style="text-align: center;">\$9,753.43</td> </tr> </table>	Total claim	Priority amount	\$9,753.43	\$9,753.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$9,753.43	\$9,753.43								
Nonpriority amount									
\$0.00									
2.73. Priority creditor's name and mailing address MISSOURI DEPARTMENT OF REVENUE PO BOX 3020 JEFFERSON CITY MO 65105 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$24,613.67</td> <td style="text-align: center;">\$24,613.67</td> </tr> </table>	Total claim	Priority amount	\$24,613.67	\$24,613.67	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$24,613.67	\$24,613.67								
Nonpriority amount									
\$0.00									
2.74. Priority creditor's name and mailing address NEW JERSEY STATE - SALES AND USE TAX PO BOX 999 TRENTON NJ 08646-0999 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$12,305.48</td> <td style="text-align: center;">\$12,305.48</td> </tr> </table>	Total claim	Priority amount	\$12,305.48	\$12,305.48	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$12,305.48	\$12,305.48								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.75. Priority creditor's name and mailing address NEW YORK DEPARTMENT OF REVENUE - JAF BUILDING PO BOX 1208 NEW YORK NY 10116-1208 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$81,214.98	Priority amount \$81,214.98 Nonpriority amount \$0.00
2.76. Priority creditor's name and mailing address OHIO DEPARTMENT OF REVENUE PO BOX 16560 COLUMBUS OH 43216-6560 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$46,455.87	Priority amount \$46,455.87 Nonpriority amount \$0.00
2.77. Priority creditor's name and mailing address ONALASKA CITY COLLECTOR (LA CROSSE) 415 MAIN ST ONALASKA WI 54650-2953 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$20,247.60	Priority amount \$20,247.60 Nonpriority amount \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.78. Priority creditor's name and mailing address ONALASKA CITY COLLECTOR (LA CROSSE) 415 MAIN ST ONALASKA WI 54650-2953 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$348.58	Priority amount \$348.58 Nonpriority amount \$0.00
2.79. Priority creditor's name and mailing address ORANGE CO 24381 EL TORO RD CA Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$3,394.14	Priority amount \$3,394.14 Nonpriority amount \$0.00
2.80. Priority creditor's name and mailing address PENNSYLVANIA DEPARTMENT OF REVENUE DEPT 280406 HARRISBURG PA 17128-0406 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$84,896.92	Priority amount \$84,896.92 Nonpriority amount \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.81. Priority creditor's name and mailing address PIERCE COUNTY TAX COLLECTOR PO BOX 11621 TACOMA WA 98411-6621 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$9,175.43</td> <td style="text-align: center;">\$9,175.43</td> </tr> </table>	Total claim	Priority amount	\$9,175.43	\$9,175.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$9,175.43	\$9,175.43								
Nonpriority amount									
\$0.00									
2.82. Priority creditor's name and mailing address PRINCE WILLIAM COUNTY TAX COLLECTOR TAX ADMINISTRATION DIVISION DEPT 871 ALEXANDRIA VA 22334-0871 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,457.31</td> <td style="text-align: center;">\$1,457.31</td> </tr> </table>	Total claim	Priority amount	\$1,457.31	\$1,457.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,457.31	\$1,457.31								
Nonpriority amount									
\$0.00									
2.83. Priority creditor's name and mailing address PUEBLO COUNTY TAX COLLECTOR 215 W. 10 ST. ROOM 110 PUEBLO CO 81003-2935 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$10,091.22</td> <td style="text-align: center;">\$10,091.22</td> </tr> </table>	Total claim	Priority amount	\$10,091.22	\$10,091.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$10,091.22	\$10,091.22								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.84. Priority creditor's name and mailing address PUEBLO COUNTY TAX COLLECTOR 215 W. 10 ST. ROOM 110 PUEBLO CO 81003-2935 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$6,038.54	Priority amount \$6,038.54 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.85. Priority creditor's name and mailing address PUEBLO SALES TAX DIVISION PO BOX 1427 PUEBLO CO 81002 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$4,566.41	Priority amount \$4,566.41 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.86. Priority creditor's name and mailing address RIVERSIDE 40390 MARGARITA RD TEMECULA CA 92591 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$5,790.80	Priority amount \$5,790.80 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.87. Priority creditor's name and mailing address ROCK COUNTY TREASURER PO BOX 1508 JANESVILLE WI 53547-1508 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,744.02</td> <td style="text-align: center;">\$1,744.02</td> </tr> </table>	Total claim	Priority amount	\$1,744.02	\$1,744.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$1,744.02	\$1,744.02								
Nonpriority amount									
\$0.00									
2.88. Priority creditor's name and mailing address SAINT JOSEPH COUNTY TREASURER PO BOX 4758 SOUTH BEND IN 46634-4758 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$0.01</td> <td style="text-align: center;">\$0.01</td> </tr> </table>	Total claim	Priority amount	\$0.01	\$0.01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$0.01	\$0.01								
Nonpriority amount									
\$0.00									
2.89. Priority creditor's name and mailing address SBC 10910 FOOTHILL BLVD RANCHO CUCAMONGA CA 91730 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,856.33</td> <td style="text-align: center;">\$4,856.33</td> </tr> </table>	Total claim	Priority amount	\$4,856.33	\$4,856.33	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$4,856.33	\$4,856.33								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.90.	Priority creditor's name and mailing address SNOHOMISH COUNTY TAX COLLECTOR PO BOX 34171 SEATTLE WA 98124-1171 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$2,353.70	Priority amount \$2,353.70 Nonpriority amount \$0.00
2.91.	Priority creditor's name and mailing address SOLANO COUNTY 1030 HELEN POWER DR VACAVILLE CA 95687 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,864.13	Priority amount \$1,864.13 Nonpriority amount \$0.00
2.92.	Priority creditor's name and mailing address SOUTH PORTLAND MUNICIPAL TAX COLLECTOR PO BOX 6700 LEWISTON ME 04243-6700 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,406.15	Priority amount \$1,406.15 Nonpriority amount \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.93. Priority creditor's name and mailing address SUTTER COUNTY 998 WALTON AVE YUBA CITY CA 95993 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$4,244.56</td> <td style="text-align: center;">\$4,244.56</td> </tr> </table>	Total claim	Priority amount	\$4,244.56	\$4,244.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$4,244.56	\$4,244.56								
Nonpriority amount									
\$0.00									
2.94. Priority creditor's name and mailing address TENNESSEE DEPARTMENT OF REVENUE 500 DEADERICK ST NASHVILLE TN 37242-1000 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$16,535.90</td> <td style="text-align: center;">\$16,535.90</td> </tr> </table>	Total claim	Priority amount	\$16,535.90	\$16,535.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$16,535.90	\$16,535.90								
Nonpriority amount									
\$0.00									
2.95. Priority creditor's name and mailing address TEXAS STATE COMPTROLLER PUBLIC ACCOUNTS 111 E 17TH ST AUSTIN TX 78774-0100 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$554.52</td> <td style="text-align: center;">\$554.52</td> </tr> </table>	Total claim	Priority amount	\$554.52	\$554.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$554.52	\$554.52								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.96.	Priority creditor's name and mailing address VIRGINIA DEPARTMENT OF REVENUE PO BOX 26626 RICHMOND VA 23261-6626 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$24,124.34	Priority amount \$24,124.34 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.97.	Priority creditor's name and mailing address WALPOLE MUNICIPAL TAX COLLECTOR PO BOX 30 MEDFORD MA 02155-0001 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$1,528.76	Priority amount \$1,528.76 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00
2.98.	Priority creditor's name and mailing address WARREN CITY TREASURER (MACOMB) 1 CITY SQUARE SUITE 200 WARREN MI 48093-2395 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$5,341.65	Priority amount \$5,341.65 <div style="background-color: #cccccc; padding: 2px;">Nonpriority amount</div> \$0.00

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.99. Priority creditor's name and mailing address WASHINGTON COUNTY TREASURER P.O. BOX 200 STILLWATER MN 55082 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$7,012.75</td> <td style="text-align: center;">\$7,012.75</td> </tr> </table>	Total claim	Priority amount	\$7,012.75	\$7,012.75	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$7,012.75	\$7,012.75								
Nonpriority amount									
\$0.00									
2.100. Priority creditor's name and mailing address WASHINGTON STATE PO BOX 47464 OLYMPIA WA 98504-7464 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$135,562.54</td> <td style="text-align: center;">\$135,562.54</td> </tr> </table>	Total claim	Priority amount	\$135,562.54	\$135,562.54	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$135,562.54	\$135,562.54								
Nonpriority amount									
\$0.00									
2.101. Priority creditor's name and mailing address WATERTOWN MUNICIPAL TAX COLLECTOR PO BOX 850 WATERTOWN MA 02471-0850 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$706.52</td> <td style="text-align: center;">\$706.52</td> </tr> </table>	Total claim	Priority amount	\$706.52	\$706.52	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$706.52	\$706.52								
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

2.102. Priority creditor's name and mailing address WHATCOM COUNTY TAX COLLECTOR PO BOX 34873 SEATTLE WA 98124-1873 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,920.56</td> </tr> </table>	Total claim	\$1,920.56	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,920.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,920.56	Nonpriority amount	\$0.00
Total claim									
\$1,920.56									
Priority amount									
\$1,920.56									
Nonpriority amount									
\$0.00									
2.103. Priority creditor's name and mailing address WISCONSIN DEPARTMENT OF REVENUE PO BOX 8992 MADISON WI 53708-8992 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$53,142.53</td> </tr> </table>	Total claim	\$53,142.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$53,142.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$53,142.53	Nonpriority amount	\$0.00
Total claim									
\$53,142.53									
Priority amount									
\$53,142.53									
Nonpriority amount									
\$0.00									

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****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.

3.1. Nonpriority creditor's name and mailing address 2000 ROBERT, LLC COLLIERS INTERNATIONAL/MINNEAPOLIS-ST PAUL 4350 BAKER ROAD SUITE 400 MINNETONKA MN 55343 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,531.63
3.2. Nonpriority creditor's name and mailing address ACOSTA, TOMASA V. OCB RESTAURANT COMPANY, LLC C/O LABOR COMMISSIONER, STATE OF CALIFORNIA 464 WEST 4TH STREET ROOM 348 SAN BERNARDINO CA 92401 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.3. Nonpriority creditor's name and mailing address ALEXANDER, STEVEN UNKNOWN Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GENERAL LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.4.	Nonpriority creditor's name and mailing address ALLENDE, ALEJANDRO V. OCB RESTAURANT COMPANY, LLC C/O AEGIS LAW FIRM, PC 9811 IRVINE CENTER DRIVE, SUITE 100 IRVINE CA 92618 Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: UNFILED DEMANDS/POTENTIAL LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.5.	Nonpriority creditor's name and mailing address ANAYA, DIANA UNKNOWN Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GENERAL LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.6.	Nonpriority creditor's name and mailing address ARELLANO, JACQUELINE V. OCB RESTAURANT COMPANY, LLC C/O LABOR COMMISSIONER, STATE OF CALIFORNIA 6150 VAN NUYS BOULEVARD ROOM 206 VAN NUYS CA 91401 Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

3.7.	Nonpriority creditor's name and mailing address AREVALO JAZMIN C/O MANNING, KASS, ELLRON, RAMIREZ, TESTER LLP 801 S. FIGUEROA ST, 15TH FLOOR NARINE AVANES LOS ANGELES CA 90017 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.8.	Nonpriority creditor's name and mailing address BAI CONSUMER SQUARE WEST LLC BON AVIV INVESTMENTS, LLC 720 E PALISADE AVENUE SUITE 201 ENGLEWOOD CLIFFS NJ 07632 Date or dates debt was incurred 8/19/2015 - 3/6/2016 Last 4 digits of account number: UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$50,868.14
3.9.	Nonpriority creditor's name and mailing address BALTAZAR EDUARDO C/O COLEMAN AND CHAVEZ 3200 DOUGLAS BOULEVARD, SUITE 110 RICHARD A. CHAVEZ ROSEVILLE CA 95661 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.10. Nonpriority creditor's name and mailing address</p> <p>BARNES, THERESA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.11. Nonpriority creditor's name and mailing address</p> <p>BARRINGER, KATLEEN UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.12. Nonpriority creditor's name and mailing address</p> <p>BERTA MARTIN DEL CAMP - CLASS ACTION CASE - SETTLEMENT PLAN WAS APPROVED BY COURT C/O KHORRAMI BOUCHER SUMNER SANGUINETTI, LLC 444 S. FLOWER, ST. THIRTY-THIRD FLOOR LOS ANGELES CA 90071</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION SETTLEMENT</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$739,690.01</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.13. Nonpriority creditor's name and mailing address</p> <p>BG FLATS II - III, LLC DEVELOPERS DIVERSIFIED REALTY 3300 ENTERPRISE PARKWAY BEACHWOOD OH 44122</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$46,072.26</p>
<p>3.14. Nonpriority creditor's name and mailing address</p> <p>BIDER, ROBERTA V. OVATION BRANDS-OLD COUNTRY BUFFET C/O BELLO, WELSH LLP JOHN WELSH 125 SUMMER ST., SUITE 100 SUITE 100 BOSTON MA 02110</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>UNFILED DEMANDS/POTENTIAL LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.15. Nonpriority creditor's name and mailing address</p> <p>BLACKMAN, KENISHA 12304 28TH AVE S APT H6</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

3.16. Nonpriority creditor's name and mailing address BOBO WALTENA VS JACK FAMILY TRUST 9 PINE GROVE RD BLOOMFIELD CT 06002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNKNOWN
Date or dates debt was incurred _____	Basis for the claim: LITIGATION	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17. Nonpriority creditor's name and mailing address BOLIO, HEARIET 200 MARTENSE ST. BROOKLYN NY 11226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNKNOWN
Date or dates debt was incurred _____	Basis for the claim: GENERAL LIABILITY	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18. Nonpriority creditor's name and mailing address BONIFACIO, FERDINAND 2384 LAWTON AVE. SAN LUIS OBISPO CA 93401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNKNOWN
Date or dates debt was incurred _____	Basis for the claim: GENERAL LIABILITY	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.19. Nonpriority creditor's name and mailing address</p> <p>BOARD, PETER 3615 CRYSTAL RIDGE DRIVE PUYALLUP WA 98115</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.20. Nonpriority creditor's name and mailing address</p> <p>BORGES, MARY V. OCB RESTAURANT COMPANY, LLC C/O MCAD, STATE OF MASSACHUSETTS ONE ASHBURTON PLACE BOSTON MA 02108</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.21. Nonpriority creditor's name and mailing address</p> <p>BOULEVARD CENTRE LLC THE CAFARO COMPANY 2445 BELMONT AVENUE YOUNGSTOWN OH 44504</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$19,392.96</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.22. Nonpriority creditor's name and mailing address</p> <p>BRACEWELL, BARBARA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.23. Nonpriority creditor's name and mailing address</p> <p>BREWSTER, FRED C/O DOUGLAS H. SWOPE ATTORNEY AT LAW 110 WEST C STREET SUITE 2000 SAN DIEGO CA 92101</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.24. Nonpriority creditor's name and mailing address</p> <p>BRIXMOR BERKSHIRE CROSSING LLC BRIXMOR PROPERTY GROUP 450 LEXINGTON AVE, 13TH FLOOR NEW YORK NY 10170</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$21,179.18</p>

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

3.25. Nonpriority creditor's name and mailing address BROWN CHRISTINE C/O ILLINOIS INDUSTRIAL COMMISSION 100 W RANDOLPH ST CHICAGO IL 60601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNKNOWN
Date or dates debt was incurred _____	Basis for the claim: WORKERS COMPENSATION	
Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26. Nonpriority creditor's name and mailing address BROWN, JANET UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNKNOWN
Date or dates debt was incurred _____	Basis for the claim: GENERAL LIABILITY	
Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27. Nonpriority creditor's name and mailing address BROWN, LAURIE UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim UNKNOWN
Date or dates debt was incurred _____	Basis for the claim: GENERAL LIABILITY	
Last 4 digits of account number: _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.28. Nonpriority creditor's name and mailing address</p> <p>BUFFETS LLC 120 CHULA VISTA HOLLYWOOD PARK TX 78232</p> <p>Date or dates debt was incurred</p> <p>2015-2016</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>INTERCOMPANY</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$38,517,451.00</p>
<p>3.29. Nonpriority creditor's name and mailing address</p> <p>BURNS-RITENOUR JOY C/O LITTLER MENDELSON 21 E STATE ST FL 16 MIKE SHORT COLUMBUS OH 43215</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.30. Nonpriority creditor's name and mailing address</p> <p>BUSH, BRENDA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

3.31. Nonpriority creditor's name and mailing address BUSHNELL, JAIMIE C/O REMINGER 101 W PROSPECT AVE STE 1400 BETHANIE MURRAY CLEVELAND OH 44115 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WORKERS COMPENSATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.32. Nonpriority creditor's name and mailing address CABRAL, CATLIN UNKNOWN Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GENERAL LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.33. Nonpriority creditor's name and mailing address CAMPBELL, MICHAEL A V. COUNTRY BUFFET C/O EEOC - DENVER FIELD OFFICE 303 EAST 17TH AVENUE SUITE 410 DENVER CO 80203 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

3.34. Nonpriority creditor's name and mailing address CAMPBELL, MICHAEL A V. COUNTRY BUFFET C/O EEOC - DENVER FIELD OFFICE 303 EAST 17TH AVENUE SUITE 410 DENVER CO 80203 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.35. Nonpriority creditor's name and mailing address CARILLO, LINDA UNKNOWN Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GENERAL LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN
3.36. Nonpriority creditor's name and mailing address CARREON, KATHRINA 52116 PICADILLY DR. MADISON WI 53714 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GENERAL LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.37. **Nonpriority creditor's name and mailing address**

CASILLAS, NANCY
6421 GRAPE ST
COMMERCE CITY CO 80022-2421

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.38. **Nonpriority creditor's name and mailing address**

CENTERCAP HOLDING, LLC
105 FOULK ROAD
WILMINGTON DE 19803

Date or dates debt was incurred

8/19/2015 - 3/6/2016

Last 4 digits of account number: UNKNOWN

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$9,841.23

3.39. **Nonpriority creditor's name and mailing address**

CERVANTES, JOSE V. OCB RESTAURANT
COMPANY, LLC DBA HOMETOWN BUFFET
C/O HOGIE & CAMPBELL LAWYERS, INC.
13522 NEWPORT AVENUE
SUITE 201
TUSTIN CA 92780

Date or dates debt was incurred

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:

UNFILED DEMANDS/POTENTIAL
LITIGATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.40. Nonpriority creditor's name and mailing address</p> <p>CITADEL CROSSING ASSOCIATES NEWMARK MERRILL MOUNTAIN STATES 2720 COUNCIL TREE AVENUE, SUITE 230 FORT COLLINS CO 80525</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$10,942.20</p>
<p>3.41. Nonpriority creditor's name and mailing address</p> <p>COBBLESTONE PROPERTIES, LLC SR MANAGEMENT SERVICES, INC. 900 N THIRD ST MINNEAPOLIS MN 55401</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$5,579.50</p>
<p>3.42. Nonpriority creditor's name and mailing address</p> <p>COLON, JULIA C/O DION, SOLOMON & SHAPIRO, LLC TEN PENN CENTER 1801 MARKET STREET PHILADELPHIA PA 19103</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.43. Nonpriority creditor's name and mailing address</p> <p>COLUMBIA MALL PARTNERSHIP SIMON PROPERTY GROUP 225 WEST WASHINGTON STREET INDIANAPOLIS IN 46204</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,780.73</p>
<p>3.44. Nonpriority creditor's name and mailing address</p> <p>COONER, DARLENE UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.45. Nonpriority creditor's name and mailing address</p> <p>CORREA KARINA, C/O COLANTONI, COLLINS, MARREN, PHILLIPS & TULK, LLP 555 CORPORATE DRIVE, SUITE 205 TERISA PHILLIPS LADERA RANCH CA 92694</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.46. Nonpriority creditor's name and mailing address</p> <p>COSPER RICHARD C/O IA BOARD 150 DES MOINES ST MADISON WI 53703</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.47. Nonpriority creditor's name and mailing address</p> <p>COUNTRYSIDE PLAZA THE VIEIRA COMPANY 227 N SANTA CRUZ AVE, SUITE B LOS GATOS CA 95030</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$5,713.50</p>
<p>3.48. Nonpriority creditor's name and mailing address</p> <p>CRANMORE, MILES 4321 NE 34TH CIRCLE, VANCOUVER, WA 98661 VANCOUVER WA 98661</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.49. Nonpriority creditor's name and mailing address</p> <p>CRAZYBEAR, TYLER UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.50. Nonpriority creditor's name and mailing address</p> <p>CROSLYE, TERRI 15510 E CENTER AVE #C-107 AURORA CO 80017</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>UNFILED DEMANDS/POTENTIAL LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.51. Nonpriority creditor's name and mailing address</p> <p>CUMMINGS, ALMA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.52. Nonpriority creditor's name and mailing address</p> <p>CURTIS, ROBERT 18 JORDAN ROAD</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.53. Nonpriority creditor's name and mailing address</p> <p>DARTMOUTH MARKETPLACE ASSOCIATES, LLC PEGASUS LANDING CORPORATION 1800 LAKE PARK DRIVE SUITE 103 SMYRNA GA 30080</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$93,248.68</p>
<p>3.54. Nonpriority creditor's name and mailing address</p> <p>DAVIS, WILLIE 8207 MCCLELLAND PL ALEXANDRIA VA 22309-1832</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.55. Nonpriority creditor's name and mailing address DE LOS SANTOS, ANGEL UNKNOWN</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim UNKNOWN</p>
<p>3.56. Nonpriority creditor's name and mailing address DECELLES, MADISON UNKNOWN</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim UNKNOWN</p>
<p>3.57. Nonpriority creditor's name and mailing address DEJESUS VIRGEN PA DEPT OF LABOR & INDUSTRY WC OFFICE OF ADJUDICATION 110 N 8TH STREET, FL 4 PHILADELPHIA PA 19107</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.58. Nonpriority creditor's name and mailing address DIEZ, PAULO UNKNOWN</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim UNKNOWN</p>
<p>3.59. Nonpriority creditor's name and mailing address DIVILIO, PAMELA 900 SPRUCE ST</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim UNKNOWN</p>
<p>3.60. Nonpriority creditor's name and mailing address DORFMAN, SHARYN 17724 STONERIDGE DR. GAITHERSBURG MD 20878</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.61. Nonpriority creditor's name and mailing address</p> <p>DUKO, MILA AND YARO UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.62. Nonpriority creditor's name and mailing address</p> <p>ECCARIUS, ERIC UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.63. Nonpriority creditor's name and mailing address</p> <p>EDROSOLAN, ARLENE 371 E. EMPIRE ST.</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.64. **Nonpriority creditor's name and mailing address**

EGUARAS, RAUL
18646 NE 18 AVE. APT 227

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.65. **Nonpriority creditor's name and mailing address**

EMERY, JAMES
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.66. **Nonpriority creditor's name and mailing address**

ENSIGN, AMBROSIA
C/O ZBINDEN & CURTIS
GEORGE G. CURTIS & JON A. ZBINDEN
817 NE BROADWAY,
PORTLAND OR 97232
OR

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.67. Nonpriority creditor's name and mailing address ESCOASCDO, DOLORES</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim UNKNOWN</p>
<p>3.68. Nonpriority creditor's name and mailing address ESPINOZA, PATRICIA UNKNOWN</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim UNKNOWN</p>
<p>3.69. Nonpriority creditor's name and mailing address EUGENE JR., ALTON UNKNOWN</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.70. Nonpriority creditor's name and mailing address</p> <p>FAIR CITY HHH, LLC HHH PROPERTIES CORP. 4001 WILLIAMSBURG COURT FAIRFAX VA 22032</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$4,458.71</p>
<p>3.71. Nonpriority creditor's name and mailing address</p> <p>FASHION SQUARE WEST, LLC ARI-EL ENTERPRISES, INC. 29355 NORTHWESTERN HWY, SUITE 301 SOUTHFIELD MI 48034</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$7,683.41</p>
<p>3.72. Nonpriority creditor's name and mailing address</p> <p>FERNANDEZ , JOSE C/O COLEMAN, CHAVEZ 3200 DOUGLAS BOULEVARD, SUITE 110 ANNE L. BROWNELL ROSEVILLE CA 95661</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.73. Nonpriority creditor's name and mailing address</p> <p>FITZGERALD TAMARA C/O DWD DEPT OF WORKFORCE DEVELOPMENT ROOM C100 201 E WASHINGTON AVE CHICAGO IL 60601</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.74. Nonpriority creditor's name and mailing address</p> <p>FLORES ROGELIO C/O ILLINOIS INDUSTRIAL COMMISSION 100 W RANDOLPH ST FRANKFORT KY 40601</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.75. Nonpriority creditor's name and mailing address</p> <p>FOSTER, SHANNON 366 MAIN ST. FARMINGTON NH 03835</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.76. Nonpriority creditor's name and mailing address</p> <p>FOX, LENARDA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.77. Nonpriority creditor's name and mailing address</p> <p>FR FLORIDA, INC C/O FEDERAL REALTY INVESTMENT TRUST 1626 EAST JEFFERSON STREET ROCKVILLE MD 20852</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$2,414.05</p>
<p>3.78. Nonpriority creditor's name and mailing address</p> <p>FRESOLI, MARIA 3021 AVON RD. BETHLEHEM PA 18017</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.79. **Nonpriority creditor's name and mailing address**

GANDY, WALTER V. OLD COUNTRY BUFFET
C/O EEOC - CHICAGO DISTRICT OFFICE
500 WEST MADISON ST.
SUITE 2000
CHICAGO IL 60661

Date or dates debt was incurred

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:

LITIGATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.80. **Nonpriority creditor's name and mailing address**

GARCIA, BRIANA V. HOMETOWN BUFFET/OCB
RESTAURANT CO., LLC
C/O DFEH, STATE OF CALIFORNIA
2218 KAUSEN DRIVE
SUITE 100
ELK GROVE CA 95758

Date or dates debt was incurred

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:

LITIGATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.81. **Nonpriority creditor's name and mailing address**

GARCIA, MIKE
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.82. Nonpriority creditor's name and mailing address</p> <p>GARNER, LORRAINE UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.83. Nonpriority creditor's name and mailing address</p> <p>GARRY-YORK, ANESIA V. OLD COUNTRY BUFFET, INC. C/O NEW YORK DIVISION OF HUMAN RIGHTS 175 FULTON AVENUE SUITE 204 HEMPSTEAD NY 11550</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.84. Nonpriority creditor's name and mailing address</p> <p>GEORGE D. PATHOS, SOPHIEA D. PATHOS, MARY D. PATHOS DEMOSS PATHOS DUPLEX COMPANY 2822 LONDON ROAD EAU CLAIRE WI 54701</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,569.51</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.85. Nonpriority creditor's name and mailing address</p> <p>GODINEZ , TERESA 860 EL CERRITO WAY B GILROY CA 95020</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.86. Nonpriority creditor's name and mailing address</p> <p>GOODENOUGH, ALEXXA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.87. Nonpriority creditor's name and mailing address</p> <p>GRACE CHRISTINE C/O COLANTONI, COLLINS, MARREN, PHILLIPS & TULK, LLP 555 CORPORATE DRIVE, SUITE 205 TERISA PHILLIPS LADERA RANCH CA 92694</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.88. Nonpriority creditor's name and mailing address</p> <p>GRALL, KRISTI UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.89. Nonpriority creditor's name and mailing address</p> <p>GREEN, EARL V. OLD COUNTRY BUFFET C/O SPIELBERGER LAW GROUP 202 S. HOOVER BLVD. TAMPA FL 33609</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>UNFILED DEMANDS/POTENTIAL LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.90. Nonpriority creditor's name and mailing address</p> <p>GREENFIELD, L.P. BONNIE MANAGEMENT CORP 8430 W. BRYN MAWR AVENUE SUITE 850 CHICAGO IL 60631</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,895.30</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.91. Nonpriority creditor's name and mailing address</p> <p>HAMPTON JEANETTE C/O ILLINOIS INDUSTRIAL COMMISSION 100 W RANDOLPH ST DES MOINES IA 50309</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>_____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.92. Nonpriority creditor's name and mailing address</p> <p>HASCHKE, HEATHER 2723 KING ST. JANESVILLE WI 53546</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>_____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.93. Nonpriority creditor's name and mailing address</p> <p>HAYWARD, GEORGE V. OLD COUNTRY BUFFET C/O EEOC-DETROIT FIELD OFFICE 477 MICHIGAN AVENUE ROOM 865 DETROIT MI 48226</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>_____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.94. Nonpriority creditor's name and mailing address</p> <p>HERNANDEZ LUCIA C/O ILLINOIS INDUSTRIAL COMMISSION 100 W RANDOLPH ST FRANKFORT KY 40601</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.95. Nonpriority creditor's name and mailing address</p> <p>HOME DEPOT 2455 PACES FERRY ROAD ATLANTA GA 30339</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$2,608.71</p>
<p>3.96. Nonpriority creditor's name and mailing address</p> <p>HOUBRE, BRENDA V. OCB RESTAURANT COMPANY, LLC C/O MCAD, STATE OF MASSACHUSETTS ONE ASHBURTON PLACE BOSTON MA 02108</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.97. Nonpriority creditor's name and mailing address</p> <p>HOYT, SEAN 4719 SW 82ND AVE. DAVIE FL 33328</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.98. Nonpriority creditor's name and mailing address</p> <p>HYBLA CENTER LIMITED PARTNERSHIP C/O FINMARC MANAGEMENT, INC 7200 WISCONSIN AVENUE, SUITE 1100 BETHESDA MD 20814</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,786.81</p>
<p>3.99. Nonpriority creditor's name and mailing address</p> <p>INGRAM EDWIN C/O COLANTONI, COLLINS, MARREN, PHILLIPS & TULK, LLP 555 CORPORATE DRIVE, SUITE 205 JAMES CHAPMAN LADERA RANCH CA 92694</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.100. **Nonpriority creditor's name and mailing address**

ISREAL, FAITH
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.101. **Nonpriority creditor's name and mailing address**

IVY, ROGER
528 WEST GRAND AVE. APT 5
GROVER BEACH CA 93433

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.102. **Nonpriority creditor's name and mailing address**

JACKSON MONTEZ
C/O MO DIVISION OF WORKERS
COMPENSATION
3315 WEST TRUMAN BLVD
CHICAGO IL 60601

Date or dates debt was incurred

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:

WORKERS COMPENSATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.103. Nonpriority creditor's name and mailing address</p> <p>JACKSON, JANICE UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.104. Nonpriority creditor's name and mailing address</p> <p>JAMES BLACK VS OLD COUNTRY BUFFET PO BOX 528427 CHICAGO IL 60652</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.105. Nonpriority creditor's name and mailing address</p> <p>JAMES W. BLACK V. OCB RESTAURANT COMPANY, LLC (PRO SE) C/O JAMES BLACK (PRO SE) PO BOX 5284278 CHICAGO IL 60652</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.106. Nonpriority creditor's name and mailing address</p> <p>JOE AMATO EAST END CENTRE, LP 1 AMATO DRIVE MOOSIC PA 18505</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,729.45</p>
<p>3.107. Nonpriority creditor's name and mailing address</p> <p>JOHNSON, JASON C/O REMINGER 101 W PROSPECT AVE STE 1400 BETHANIE MURRAY CLEVELAND OH 44115</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.108. Nonpriority creditor's name and mailing address</p> <p>JOHNSON, ROSELEA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.109. **Nonpriority creditor's name and mailing address**

JONES, ASHLEY
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.110. **Nonpriority creditor's name and mailing address**

JONES, JENNIFER
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.111. **Nonpriority creditor's name and mailing address**

KADER, MAHER
14 CHEROKEE ST
STATEN ISLAND NY 10305

Date or dates debt was incurred

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:

WORKERS COMPENSATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.112. Nonpriority creditor's name and mailing address</p> <p>KEGERREIN, SANDY UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.113. Nonpriority creditor's name and mailing address</p> <p>KENNEDY, SALLY 4701 COUNTRY FARM RD.</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.114. Nonpriority creditor's name and mailing address</p> <p>KIRBY, VALERIE C/O ALBERT & MACKENZIE 15643 SHERMAN WAY VAN DANN BOYD VAN NUYS CA 91406</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.115. Nonpriority creditor's name and mailing address</p> <p>KIRTS, DARLENE UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.116. Nonpriority creditor's name and mailing address</p> <p>KLECKNER, SHELBY 220 NORTH 13TH STREET</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.117. Nonpriority creditor's name and mailing address</p> <p>KNOWLES, JAMES C/O VECCHIONE, VECCHIONE & CONNORS, LLP 147 HERRICKS RD GINA CANO GARDEN CITY PARK NY 11040</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.118. Nonpriority creditor's name and mailing address</p> <p>KOCHMAN, TIM 10411 TODMAN LANDING CT.</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.119. Nonpriority creditor's name and mailing address</p> <p>KOCIALSKI, DEBRA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.120. Nonpriority creditor's name and mailing address</p> <p>KRONE, JASON V. OLD COUNTRY BUFFET C/O EEOC - PHILADELPHIA DISTRICT OFFICE 801 MARKET SUITE 1300 PHILADELPHIA PA 19107-3127</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.121. **Nonpriority creditor's name and mailing address**

KURTZ, RACHEL
72804 THORNE DULCE
DOWINGTON PA 19372

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.122. **Nonpriority creditor's name and mailing address**

LANCASTER CENTER EAST LLC
1905 SE 10TH AVENUE
PORTLAND OR 97214

Date or dates debt was incurred

8/19/2015 - 3/6/2016

Last 4 digits of account number: UNKNOWN

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$9,944.10

3.123. **Nonpriority creditor's name and mailing address**

LEACH, YULANDA
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.124. **Nonpriority creditor's name and mailing address**

LEYBA CAROLYN
C/O RITSEMMA AND LYON
999 18TH STREET, SUITE 3100,
TAMA L. LEVINE, ESQ.
DENVER CO 80202

Date or dates debt was incurred

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:

WORKERS COMPENSATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.125. **Nonpriority creditor's name and mailing address**

LOPEZ, CARLOS
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.126. **Nonpriority creditor's name and mailing address**

LOPEZ-STEELE ISMAEL
C/O PA DEPT OF LABOR & INDUSTRY WC
OFFICE OF ADJUDICATION
110 N 8TH STREET, FL 4
PHILADELPHIA PA 19107

Date or dates debt was incurred

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:

WORKERS COMPENSATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.127. **Nonpriority creditor's name and mailing address**

LUCIANO, JUSTICE
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.128. **Nonpriority creditor's name and mailing address**

MAHGOUN, MOHAMED
C/O BARBARA GRANDJEAN
1700 LINCOLN ST.
SUITE 4700
DENVER CO 80203

Date or dates debt was incurred

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:

UNFILED DEMANDS/POTENTIAL
LITIGATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.129. **Nonpriority creditor's name and mailing address**

MALLETT, BERNICE
3875 HABITAT DR.
COLUMBUS OH 43228

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.130. Nonpriority creditor's name and mailing address</p> <p>MAPLE SR., LARRY 221 MT. IDA AVE.</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.131. Nonpriority creditor's name and mailing address</p> <p>MAROOM, RICHARD UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.132. Nonpriority creditor's name and mailing address</p> <p>MARQUEZ, JUAN C/O HEALTHCARE RESOURCE GROUP 12525 LAMBERT ROAD DESERE CRISTERNA WHITIER CA 90606</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.133. Nonpriority creditor's name and mailing address</p> <p>MARTINEZ GABRIELA C/O LITTLER MENDELSON 21 E STATE ST FL 16 MIKE SHORT COLUMBUS OH 43215</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.134. Nonpriority creditor's name and mailing address</p> <p>MARTINEZ, SAVANNAH UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.135. Nonpriority creditor's name and mailing address</p> <p>MATTIOLI, NIA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.136. Nonpriority creditor's name and mailing address</p> <p>MAUND, ROBIN UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.137. Nonpriority creditor's name and mailing address</p> <p>MAURER, SYLVIA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.138. Nonpriority creditor's name and mailing address</p> <p>MAZARI, PARIVASH 2203 TELMO IRVINE CA 92618</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>UNFILED DEMANDS/POTENTIAL LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.139. Nonpriority creditor's name and mailing address</p> <p>MCCLELLAND, DONNA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.140. Nonpriority creditor's name and mailing address</p> <p>MCNEIL, JEANNE 316 N FRONT ST</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.141. Nonpriority creditor's name and mailing address</p> <p>MILLER, EDNA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.142. Nonpriority creditor's name and mailing address</p> <p>MILLER, VERNON 3268 EAST 7TH AVE.</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.143. Nonpriority creditor's name and mailing address</p> <p>MITCHELL, MICHAEL 1012 WILLARD ST. COLUMBUS OH 43160</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.144. Nonpriority creditor's name and mailing address</p> <p>MOLINER, RICARDO UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.145. Nonpriority creditor's name and mailing address</p> <p>MONYEA, PRINCESS V. OLD COUNTRY BUFFET C/O EEOC - BALTIMORE FILED OFFICE 10 SOUTH HOWARD STREET 3RD FLOOR BALTIMORE MD 21201</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>_____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.146. Nonpriority creditor's name and mailing address</p> <p>MOORE JR., STEVEN UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>_____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.147. Nonpriority creditor's name and mailing address</p> <p>MORELAND, JANSSON C/O DFEH, STATE OF CALIFORNIA 2218 KAUSEN DRIVE SUITE 100 ELK GROVE CA 95758</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>_____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.148. **Nonpriority creditor's name and mailing address**

MORROW, HOUSTON
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.149. **Nonpriority creditor's name and mailing address**

MORSCH HOPE
C/O GITTO & NIEFER
555 CORPORATE DRIVE, SUITE 205
JAMES CHAPMAN
LADERA RANCH CA 92694

Date or dates debt was incurred

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:

WORKERS COMPENSATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.150. **Nonpriority creditor's name and mailing address**

MORTON, RANDAL
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.151. Nonpriority creditor's name and mailing address</p> <p>MSB SHOPPING CENTER SAMUEL & COMPANY, INC PO BOX 2397 KIRKLAND WA 98083</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$17,613.77</p>
<p>3.152. Nonpriority creditor's name and mailing address</p> <p>MUNIZ, LAURA C/O MALK LAW FIRM 1180 SOUTH BEVERLY DRIVE SUITE 302 LOS ANGELES CA 90035</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>UNFILED DEMANDS/POTENTIAL LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.153. Nonpriority creditor's name and mailing address</p> <p>NAJERA, MAURICIO C/O ALBERT AND MACKENZIE 28348 ROADSIDE DRIVE, SUITE ELLEN CREAGER AGOURA HILLS CA 91301</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.154. Nonpriority creditor's name and mailing address</p> <p>NAVARRO MARGARITA C/O ALBERT & MACKENZIE 15643 SHERMAN WAY TIMOTHY EVERHART VAN NUYS CA 91406</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.155. Nonpriority creditor's name and mailing address</p> <p>NIEBERDING, GERALD 11730 NEW HALLS FERRY RD. FLORISSANT MO 63033</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.156. Nonpriority creditor's name and mailing address</p> <p>OLMOS-ARRIAGA MARIA C/O COLEMAN, CHAVEZ 3200 DOUGLAS BOULEVARD, SUITE 110 ANNE L. BROWNELL ROSEVILLE CA 95661</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.157. Nonpriority creditor's name and mailing address</p> <p>ORNELAS RICKY C/O RITSEMMA AND LYON 999 18TH STREET, SUITE 3100, TAMA L. LEVINE, ESQ. DENVER CO 80202</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.158. Nonpriority creditor's name and mailing address</p> <p>OTOYA, JOHNNY 6750 CLYBOURN AVE. APT. 118 LOS ANGELES CA 91606</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.159. Nonpriority creditor's name and mailing address</p> <p>OULDSIDIRIJAL MOHAMED C/O KY OFFICE OF WORKERS COMPENSATION CLAIMS 657 CHAMBERLAIN AVE CHICAGO IL 60601</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.160. Nonpriority creditor's name and mailing address</p> <p>OWENS, KIM UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.161. Nonpriority creditor's name and mailing address</p> <p>OWENSBY, WAYNE 4406 SW 37TH AVE.</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.162. Nonpriority creditor's name and mailing address</p> <p>PARRISH, VIOLET 4224 JACKPINE ST.</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.163. Nonpriority creditor's name and mailing address</p> <p>PATTERSON, KYLEIGH UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.164. Nonpriority creditor's name and mailing address</p> <p>PERHAM, REBECCA 10457 E FLOWER AVE.</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.165. Nonpriority creditor's name and mailing address</p> <p>PLAMEX INVESTMENT, LLC GREENLAND PROPERTY MANAGEMENT LLC PO BOX 489 BUENA PARK CA 90621</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$33,633.53</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.166. Nonpriority creditor's name and mailing address</p> <p>PLAZA 3000 PARTNERSHIP AZURE PROPERTIES 95 S. OWASSO BLVD WEST ST PAUL MN 55117</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$2,711.52</p>
<p>3.167. Nonpriority creditor's name and mailing address</p> <p>PROVINCE, ROGER UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.168. Nonpriority creditor's name and mailing address</p> <p>QUIGLEY, SHORAN UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.169. Nonpriority creditor's name and mailing address</p> <p>RACHUNA DISBROW MARCY NY WORK COMP BOARD FRANKFORT KY 40601</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.170. Nonpriority creditor's name and mailing address</p> <p>RAHL, JOHN 64 MOURBRAY ST.</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.171. Nonpriority creditor's name and mailing address</p> <p>RAMCO JACKSON CROSSING SPE LLC RAMCO-GERSHENSON PROPERTIES, LP 31500 NORTHWESTERN HIGHWAY # 300 FARMINGTON HILLS MI 48334</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$5,695.89</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.172. Nonpriority creditor's name and mailing address</p> <p>RAMIREZ JOSEFA C/O COLANTONI, COLLINS, MARREN, PHILLIPS & TULK, LLP 555 CORPORATE DRIVE, SUITE 205 TERISA PHILLIPS LADERA RANCH CA 92694</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.173. Nonpriority creditor's name and mailing address</p> <p>REDNOUR, ANGELA UNKNOWN</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.174. Nonpriority creditor's name and mailing address</p> <p>REED, MIKE UNKNOWN</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.175. Nonpriority creditor's name and mailing address</p> <p>REID, ANDREA 518 CHOKER CT. SE</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.176. Nonpriority creditor's name and mailing address</p> <p>REPP WALTER C/O ILLINOIS INDUSTRIAL COMMISSION 100 W RANDOLPH ST DULUTH MN 55802</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.177. Nonpriority creditor's name and mailing address</p> <p>RESSEL, TABATHA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.178. Nonpriority creditor's name and mailing address</p> <p>ROSADO, CARMEN V. OLD COUNTRY BUFFET RESTAURANT C/O EMPIRE JUSTICE CENTER TELESCA CENTER FOR JUSTICE ONE WEST MAIN STREET SUITE 200 ROCHESTER NY 15414</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>UNFILED DEMANDS/POTENTIAL LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.179. Nonpriority creditor's name and mailing address</p> <p>RPAI US MANAGEMENT LLC 2021 SPRING ROAD SUITE 200 OAK BROOK IL 60523</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,181.93</p>
<p>3.180. Nonpriority creditor's name and mailing address</p> <p>SAHR, JUANITA UNKNOWN</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.181. **Nonpriority creditor's name and mailing address**

SALAAM, DONALD
C/O LAW OFFICE OF MICHAEL
JOHN MAJDICK AND MICHAEL MAJDICK
898 BURMA ROAD,
FALLBROOK CA 92028
92028

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.182. **Nonpriority creditor's name and mailing address**

SALYERS, TOMMY
73558 STOUT RD.

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.183. **Nonpriority creditor's name and mailing address**

SHEA JAMES, RONALD
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.184. Nonpriority creditor's name and mailing address</p> <p>SHERRA WHITEHEAD VS. OLD COUNTRY BUFFET 150 BEDELL ST FREEPORT NY 11520-5106</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.185. Nonpriority creditor's name and mailing address</p> <p>SHOWMAN, TAMMY L. 1502 BEAVER RUN RD SW HEBRON OH 43025-9646</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.186. Nonpriority creditor's name and mailing address</p> <p>SIAHAAN, MERY 8205 MALVERN AVE., RANCHO CUCAMONGA, CA 91730 CUCAMONGA CA 91730</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.187. Nonpriority creditor's name and mailing address</p> <p>SINTSON, GLORIA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.188. Nonpriority creditor's name and mailing address</p> <p>SNARR, SHIRLEY UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.189. Nonpriority creditor's name and mailing address</p> <p>SOLIS, CARLOS V. OCB RESTAURANT COMPANY, LLC C/O LABOR COMMISSIONER, STATE OF CALIFORNIA 300 OCEANGATE SUITE 302 LONG BEACH CA 90808</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.190. Nonpriority creditor's name and mailing address</p> <p>SOUTHPOINT BUSINESS PARK ASSOCIATES SOUTHPOINT BUSINESS PARK ASSOCIATION PO BOX 5368 SAN JOSE CA 95150</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$3,501.94</p>
<p>3.191. Nonpriority creditor's name and mailing address</p> <p>STARKE, TERRIKA AND SMITH, MICHELLE 1569 PYLE PLACE COLUMBUS OH 43227</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.192. Nonpriority creditor's name and mailing address</p> <p>STEVENSON, CINDY UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.193. Nonpriority creditor's name and mailing address</p> <p>STOLTZ, SCOTT UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.194. Nonpriority creditor's name and mailing address</p> <p>STONE RIDGE PLAZA, LLC COMPSON DEVELOPMENT 2465 RIDGE ROAD W ROCHESTER NY 14626</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$11,521.31</p>
<p>3.195. Nonpriority creditor's name and mailing address</p> <p>SUMMIT TOWNE CENTRE INC. BALDWIN BROTHERS 2540 VILLAGE COMMON DRIVE ERIE PA 16506</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$1,231.74</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.196. Nonpriority creditor's name and mailing address</p> <p>SUNBURST 220 W86TH ST BLOOMINGTON MN 55420</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 TO 3/7/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>CAPITAL LEASE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$111,481.58</p>
<p>3.197. Nonpriority creditor's name and mailing address</p> <p>SWEETIE, PATRICK UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.198. Nonpriority creditor's name and mailing address</p> <p>SY VENTURES V, LLC. 1ST COMMERCIAL REALTY GROUP, INC 3808 GRAND AVENUE, SUITE B CHINO CA 91710</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$48,261.69</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.199. Nonpriority creditor's name and mailing address</p> <p>TAJALLE, DANIEL V. OLD COUNTRY BUFFET C/O THE ROSENBERG LAW GROUP, PLLC SETH ROSENBERG 1700 7TH AVENUE 21ST FLOOR SEATTLE WA 98108</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>UNFILED DEMANDS/POTENTIAL LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.200. Nonpriority creditor's name and mailing address</p> <p>TANNER, JAMES E. 525 MCINTYRE LN MAUMEE OH 43537-2326</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.201. Nonpriority creditor's name and mailing address</p> <p>TAYLOR, JERRY SR. UNKNOWN</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.202. Nonpriority creditor's name and mailing address</p> <p>TERERE, OROMIYA UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.203. Nonpriority creditor's name and mailing address</p> <p>THE CENTRE AT FORESTVILLE, LLC V. OCB RESTAURANT COMPANY, LLC C/O DIANE C. BRISTOW NEUBERGER, QUINN, GIELEN, RUBIN & GIBBER, PA ONE SOUTH STREET 27TH FLOOR BALTIMORE MD 21202</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>LITIGATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.204. Nonpriority creditor's name and mailing address</p> <p>THOMPSON MARY PA DEPT OF LABOR & INDUSTRY WC OFFICE OF ADJUDICATION 110 N 8TH STREET, FL 4 PHILADELPHIA PA 19107</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**3.205. **Nonpriority creditor's name and mailing address**

TIBBET SCOTT
C/O LAW OFFICES OF STACEY L TOKUNAGA
301N. RAMPART ST. UNIT F
MARLA REITER
ORANGE CA 92868

Date or dates debt was incurred

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:

WORKERS COMPENSATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.206. **Nonpriority creditor's name and mailing address**

TOFFENG, MARY
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.207. **Nonpriority creditor's name and mailing address**

TORRES, JOSE
C/O MANNING & KASS
801 S. FIGUEROA ST, 15TH FLOOR
GRETHCHEN COLLIN
LOS ANGELES CA 90017

Date or dates debt was incurred

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:

WORKERS COMPENSATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.208. Nonpriority creditor's name and mailing address</p> <p>UHRICK, DEBBIE 23708 LOCUST WAY #52 BOTHELL WA 98021</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>_____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.209. Nonpriority creditor's name and mailing address</p> <p>UNKNOWN, JEAN UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>_____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.210. Nonpriority creditor's name and mailing address</p> <p>UNKNOWN, LAUREN UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p> <p>_____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.211. Nonpriority creditor's name and mailing address</p> <p>UNKNOWN, LUAN UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.212. Nonpriority creditor's name and mailing address</p> <p>UNKNOWN, MELVIN & ELIZABETH UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.213. Nonpriority creditor's name and mailing address</p> <p>UNKNOWN, MICHELLE UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.214. Nonpriority creditor's name and mailing address</p> <p>UNKNOWN, PAUL UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.215. Nonpriority creditor's name and mailing address</p> <p>UNKNOWN, SHERRY UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.216. Nonpriority creditor's name and mailing address</p> <p>UNKNOWN, THOMAS UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.217. Nonpriority creditor's name and mailing address</p> <p>UTSEY, JONATHON UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.218. Nonpriority creditor's name and mailing address</p> <p>VEGA, JEREMIAH UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.219. Nonpriority creditor's name and mailing address</p> <p>VELASQUEZ, EMILY UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**3.220. **Nonpriority creditor's name and mailing address**

VERHAGUE DANA
C/O MELISSA A DAY, PLLC
555 CORPORATE DRIVE, SUITE 205
JAMES CHAPMAN
LADERA RANCH CA 92694

Date or dates debt was incurred

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:

WORKERS COMPENSATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.221. **Nonpriority creditor's name and mailing address**

VESTAR ARIZONA XXVI, LLC
VESTAR DEVELOPMENT CO
2425 EAST CAMELBACK ROAD
PHOENIX AZ 85016

Date or dates debt was incurred

8/19/2015 - 3/6/2016

Last 4 digits of account number: UNKNOWN**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

TRADE PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$16,062.88

3.222. **Nonpriority creditor's name and mailing address**

VOUALLE, RANDY
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.223. **Nonpriority creditor's name and mailing address**

WADE DENIA
C/O COLANTONI, COLLINS, MARREN, PHILLIPS &
TULK, LLP
555 CORPORATE DRIVE, SUITE 205
TERISA PHILLIPS
LADERA RANCH CA 92694

Date or dates debt was incurred

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:

WORKERS COMPENSATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.224. **Nonpriority creditor's name and mailing address**

WAGNER, KATHLEEN
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.225. **Nonpriority creditor's name and mailing address**

WALTER CHERYL
C/O LITTLER MENDELSON
21 E STATE ST FL 16
MIKE SHORT
COLUMBUS OH 43215

Date or dates debt was incurred

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:

WORKERS COMPENSATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.226. Nonpriority creditor's name and mailing address</p> <p>WALTER CHERYL L C/O LITTLER MENDELSON 21 E STATE ST FL 16 MIKE SHORT COLUMBUS OH 43215</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>WORKERS COMPENSATION</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.227. Nonpriority creditor's name and mailing address</p> <p>WARREN, JACKIE UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.228. Nonpriority creditor's name and mailing address</p> <p>WASHINGTON, CHERYL 2513 NASSAU DR. COLUMBUS OH 43232</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**3.229. **Nonpriority creditor's name and mailing address**

WCP SOUTHGATE PLAZA V. OCB RESTAURANT
COMPANY, LL AND DOES 1-10 INCLUSIVE
C/O LANDESBERG LAW APC
IAN LANDSBERG
280 SOUTH BEVERLY DRIVE
SUITE 504
BEVERLY HILLS CA 90212

Date or dates debt was incurred
_____**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:

LITIGATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.230. **Nonpriority creditor's name and mailing address**

WEST, ASHLEY
C/O NEW YORK DIVISION OF HUMAN RIGHTS
175 FULTON AVENUE, SUITE 204
SUITE 204
HEMPSTEAD NY 11550

Date or dates debt was incurred
_____**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:

LITIGATION

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

3.231. **Nonpriority creditor's name and mailing address**

WILLIS, RICHARD
UNKNOWN

Date or dates debt was incurred
_____**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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

<p>3.232. Nonpriority creditor's name and mailing address</p> <p>WINTER, LOUISE, ALWINE UNKNOWN</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number:</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>GENERAL LIABILITY</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>UNKNOWN</p>
<p>3.233. Nonpriority creditor's name and mailing address</p> <p>W-PT ARVADA VII, LLC PINE TREE COMMERCIAL REALTY, LLC 40 SKOKIE BLVD, SUITE 610 NORTHBROOK IL 60062</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$42,661.59</p>
<p>3.234. Nonpriority creditor's name and mailing address</p> <p>WRI-URS CLACKAMAS, LLC WEINGARTEN REALTY INVESTORS PO BOX 924133 HOUSTON TX 77292</p> <p>Date or dates debt was incurred</p> <p>8/19/2015 - 3/6/2016</p> <p>Last 4 digits of account number: UNKNOWN</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TRADE PAYABLE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p>\$2,732.03</p>

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

3.235. **Nonpriority creditor's name and mailing address**

ZAVALA, JENNIFER
UNKNOWN

Date or dates debt was incurred

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:

GENERAL LIABILITY

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNKNOWN

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559****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
JONATHAN PERKINS INJURY LAWYER 45 WYLLS ST HARTFORD CT 06106	Part 2 line 3.16	_____
KANNER & PINTALUGO ERIC PINTALUGA 101 PUGLIESE'S WAY FIRST FLOOR DELRAY BEACH FL 33444	Part 2 line 3.64	_____
KENNETH M MOLLINS 1393 VETERANS MEMORIAL HW STE 101 S HAUPPAUGE NY 11788	Part 2 line 3.184	_____
ROBBINS STRUNK GILROY 7459 MONTEREY ST STE A GILROY CA 95020	Part 2 line 3.85	_____
SAHAG MAJARIAN II LAW OFFICES OF SAHAG MAJARIAN 18250 VENTURA BOULEVARD TARZANA CA 91356	Part 2 line 3.12	_____
THOMAS MORRISON 3930 WALNUT STREET STE 250 FAIRFAX VA 22030	Part 2 line 3.54	_____

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

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

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

			Total of claim amounts
5a. Total claims from Part 1	5a.		\$1,714,484.93
5b. Total claims from Part 2	5b.	+	\$39,867,672.47
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$41,582,157.40

Fill in this information to identify the case:

Debtor name: OCB Restaurant Company, LLC

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 16-50559

☐ 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, numbering the entries consecutively.

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

- ☐ No. Check this box and file this form with the court 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 contracts or 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. Title of contract

State what the contract or lease is for

BUILDING LEASE AGREEMENT

Nature of debtor's interest

OPERATING LEASE

State the term remaining

EXPIRES 12/31/2016

List the contract number of any government contract

17070 COLLINS AVENUE SHOPPING CENTER, LTD & R.K. HALLANDALE LP
RK CENTERS
50 CABOT ST
SUITE 200
NEEDHAM MA 02494

2.2. Title of contract

State what the contract or lease is for

BUILDING LEASE AGREEMENT

Nature of debtor's interest

OPERATING LEASE

State the term remaining

EXPIRES 12/31/2018

List the contract number of any government contract

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

AMHERST II UE LLC
URBAN EDGE PROPERTIES
210 ROUTE 4 EAST
PARAMUS NJ 07652

2.3. Title of contract

State what the contract or lease is for

BUILDING LEASE AGREEMENT

Nature of debtor's interest

OPERATING LEASE

State the term remaining

EXPIRES 12/10/2022

List the contract number of any government contract

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

ARC DBPPROP001, LLC
VEREIT
2325 E CAMELBACK ROAD
SUITE 1100
PHOENIX AZ 85016

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

2.4.	Title of contract <hr/> State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2022 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.5.	Title of contract <hr/> State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2019 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.6.	Title of contract <hr/> State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 5/1/2026 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.7.	Title of contract <hr/> State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2019 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.8.	Title of contract <hr/> State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2019 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

2.9.	Title of contract <hr/> State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 11/1/2027 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.10.	Title of contract <hr/> State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 11/1/2027 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.11.	Title of contract <hr/> State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2019 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.12.	Title of contract <hr/> State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 11/1/2027 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.13.	Title of contract <hr/> State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2019 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

2.14.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2022 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.15.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 6/30/2023 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.16.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2027 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.17.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2022 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.18.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2022 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

2.19.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2022 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.20.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2022 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.21.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 6/30/2023 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.22.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2027 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016
2.23.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/10/2022 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARC DBPPROP001, LLC VEREIT 2325 E CAMELBACK ROAD SUITE 1100 PHOENIX AZ 85016

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.24. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE ARC DBPPROP001, LLC
VEREIT
- State the term remaining** EXPIRES 12/10/2027 2325 E CAMELBACK ROAD
SUITE 1100
- List the contract number of any government contract** _____ PHOENIX AZ 85016
- 2.25. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE ARC DBPPROP001, LLC
VEREIT
- State the term remaining** EXPIRES 12/10/2019 2325 E CAMELBACK ROAD
SUITE 1100
- List the contract number of any government contract** _____ PHOENIX AZ 85016
- 2.26. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE BAI CONSUMER SQUARE WEST LLC
BON AVIV INVESTMENTS, LLC
- State the term remaining** EXPIRES 12/31/2016 720 E PALISADE AVENUE
SUITE 201
- List the contract number of any government contract** _____ ENGLEWOOD CLIFFS NJ 07632
- 2.27. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE BELLIS FAIR PARTNERS
GENERAL GROWTH PROPERTIES, INC.
- State the term remaining** EXPIRES 1/31/2025 ONE BELLIS FAIR PARKWAY
BELLINGHAM WA 98226
- 2.28. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE BENCHMARK-CLARENCE
ASSOCIATES, LLC
- State the term remaining** EXPIRES 12/31/2018 BENCHMARK MANAGEMENT
CORPORATION
- List the contract number of any government contract** _____ 4053 MAPLE ROAD SUITE 200
AMHERST NY 14226

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- | | | |
|-------|---|---|
| 2.29. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2019

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

BERKSHIRE WEST, LLC
1665 STATE HILL ROAD
WYOMISSING PA 19610 |
| 2.30. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2026

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

BG FLATS II - III, LLC
DEVELOPERS DIVERSIFIED REALTY
3300 ENTERPRISE PARKWAY
BEACHWOOD OH 44122 |
| 2.31. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2021

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

BHC ENTERPRISES, LC
1095 SOUTH 800 EAST STE. 1
OREM UT 84097 |
| 2.32. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2019

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

BIG DOLPHIN LLC
C/O E. VALENCIA INVESTMENTS LLC
11930 VISTA DEL SOL #C
EL PASO TX 79936 |
| 2.33. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2017

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

BOULEVARD CENTRE LLC
THE CAFARO COMPANY
2445 BELMONT AVENUE
YOUNGSTOWN OH 44504 |

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.34. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE BOULEVARD CENTRE LLC
THE CAFARO COMPANY
2445 BELMONT AVENUE
YOUNGSTOWN OH 44504
- State the term remaining EXPIRES 12/31/2017
- List the contract number of any government contract _____
- 2.35. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE BRANDYWINE SQUARE, LLC
4767 CONCORD PIKE
WILMINGTON DE 19803
- State the term remaining EXPIRES 12/31/2017
- List the contract number of any government contract _____
- 2.36. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE BRICKTOWN SQUARE LLC
BONNIE MANAGEMENT CORP
8430 WEST BRYN MAWR AVENUE
CHICAGO IL 60631
- State the term remaining EXPIRES 12/31/2024
- List the contract number of any government contract _____
- 2.37. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE BRIXMOR BERKSHIRE CROSSING
LLC
BRIXMOR PROPERTY GROUP
450 LEXINGTON AVE
13TH FLOOR
NEW YORK NY 10170
- State the term remaining EXPIRES 12/31/2020
- List the contract number of any government contract _____
- 2.38. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE BRIXMOR DICKSON CITY PARCEL
OWNER, LLC
BRIXMOR PROPRETY GROUP INC
450 LEXINGTON AVE
13TH FLOOR
NEW YORK NY 10017
- State the term remaining EXPIRES 12/31/2018
- List the contract number of any government contract _____

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

2.39.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/31/2018 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease B-SKEE, LLC PANORAMA PROPERTY MGMT 7790 EAST ARAPAHOE ROAD SUITE 200 CENTENNIAL CO 80112
2.40.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/31/2021 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BURBANK EMPIRE CENTER, LLC C/O TIARNA REAL ESTATE SERVICES, INC 15250 VENTURA BLVD SUITE 1010 SHERMAN OAKS CA 91403
2.41.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/31/2024 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CAL WORLD PALMDALE, LLC THE REMM GROUP 15991 RED HILL AVE SUITE 200 TUSTIN CA 92780
2.42.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/31/2017 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CENTERCAP HOLDING, LLC 105 FOULK ROAD WILMINGTON DE 19803
2.43.	Title of contract _____ State what the contract or lease is for BUILDING LEASE AGREEMENT Nature of debtor's interest OPERATING LEASE State the term remaining EXPIRES 12/31/2017 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CERRITOS PROMENADE, LLC AMERICA WEST PROPERTIES PO BOX 1299 LAKE FOREST CA 92609

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.44. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE CH REALTY III/GAITHERSTOWNE, LLC
- State the term remaining EXPIRES 12/31/2016 CBRE, INC
- List the contract number of any government contract _____ SUITE 900
WASHINGTON DC 20001
- 2.45. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE CITADEL CROSSING ASSOCIATES
- State the term remaining EXPIRES 12/31/2018 NEWMARK MERRILL MOUNTAIN STATES
- List the contract number of any government contract _____ 2720 COUNCIL TREE AVENUE
SUITE 230
FORT COLLINS CO 80525
- 2.46. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE CITADEL CROSSING ASSOCIATES
- State the term remaining EXPIRES 12/31/2018 NEWMARK MERRILL MOUNTAIN STATES
- List the contract number of any government contract _____ 2720 COUNCIL TREE AVENUE
SUITE 230
FORT COLLINS CO 80525
- 2.47. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE COLUMBIA MALL PARTNERSHIP
- State the term remaining EXPIRES 12/31/2016 SIMON PROPERTY GROUP
- List the contract number of any government contract _____ 225 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204
- 2.48. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE COUNTRY CLUB PLAZA INVESTORS, LLC
- State the term remaining EXPIRES 12/31/2024 2310 WATT AVE
- List the contract number of any government contract _____ SACRAMENTO CA 95825

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.49. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE COUNTRYSIDE PLAZA
THE VIEIRA COMPANY
227 N SANTA CRUZ AVE
SUITE B
LOS GATOS CA 95030
- State the term remaining** EXPIRES 12/31/2019
- List the contract number of any government contract** _____
- 2.50. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE CRI OUTPARCELS, LLC
CASTO - LEGAL DEPARTMENT
250 CIVIC CENTER DRIVE
SUITE 500
COLUMBUS OH 43215
- State the term remaining** EXPIRES 12/31/2020
- List the contract number of any government contract** _____
- 2.51. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE DARTMOUTH MARKETPLACE
ASSOCIATES, LLC
PEGASUS LANDING CORPORATION
1800 LAKE PARK DRIVE SUITE 103
SMYRNA GA 30080
- State the term remaining** EXPIRES 12/31/2016
- List the contract number of any government contract** _____
- 2.52. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE DDRM HIGHLAND GROVE, LLC
DEVELOPERS DIVERSIFIED REALTY
3300 ENTERPRISE PARKWAY
BEACHWOOD OH 44122
- State the term remaining** EXPIRES 12/31/2024
- List the contract number of any government contract** _____
- 2.53. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE DEL AMO FASHION CENTER
OPERATING CO, LLC
SIMON PROPERTY GROUP
225 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204
- State the term remaining** EXPIRES 12/31/2021
- List the contract number of any government contract** _____

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.54. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE DFG-MAPLE HILL, LLC
10100 WATERVILLE ST
WHITEHOUSE OH 43571
- State the term remaining EXPIRES 12/31/2024
- List the contract number of any government contract _____
- 2.55. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE DOWNEY DOLAN HE LLC
1101 MONTANA AVENUE SUITE A
SANTA MONICA CA 90403
- State the term remaining EXPIRES 12/31/2018
- List the contract number of any government contract _____
- 2.56. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE F&M SORCI LAND CO INC
BIAGINI PROPERTIES, INC
333 W. EL CAMINO REAL
SUITE 240
SUNNYVALE CA 94087
- State the term remaining EXPIRES 12/31/2016
- List the contract number of any government contract _____
- 2.57. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE F.I. MENTOR I, LLC
FIRST INTERSTATE PROPERTIES LTD
25333 CEDAR ROAD
SUITE 300
LYNDHURST OH 44124
- State the term remaining EXPIRES 12/31/2018
- List the contract number of any government contract _____
- 2.58. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE FAIR CITY HHH, LLC
HHH PROPERTIES CORP.
4001 WILLIAMSBURG COURT
FAIRFAX VA 22032
- State the term remaining EXPIRES 12/31/2018
- List the contract number of any government contract _____

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.59. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 1/31/2025
- List the contract number of any government contract** _____
- FAIRFIELD GATEWAY, LP
1605 HOPE ST
SUITE 340
SOUTH PASADENA CA 91030
- 2.60. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 1/31/2025
- List the contract number of any government contract** _____
- FAIRFIELD GATEWAY, LP
1605 HOPE ST
SUITE 340
SOUTH PASADENA CA 91030
- 2.61. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 4/30/2024
- List the contract number of any government contract** _____
- FASHION SQUARE WEST, LLC
ARI-EL ENTERPRISES, INC.
29355 NORTHWESTERN HWY
SUITE 301
SOUTHFIELD MI 48034
- 2.62. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 12/31/2019
- List the contract number of any government contract** _____
- FR FLORIDA, INC
C/O FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON STREET
ROCKVILLE MD 20852
- 2.63. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 12/31/2019
- List the contract number of any government contract** _____
- FRAYER ENTERPRISES, LLC
ATTN: AIRPORT SQUARE TEAM
PO BOX 720308
OKLAHOMA CITY OK 73132

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.64. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 5/31/2020
- List the contract number of any government contract** _____
- GEORGE D. PATHOS, SOPHIEA D. PATHOS, MARY D. PATHOS DEMOSS
PATHOS DUPLEX COMPANY
2822 LONDON ROAD
EAU CLAIRE WI 54701
- 2.65. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 12/31/2020
- List the contract number of any government contract** _____
- GGP-MAINE MALL L.L.C.
GENERAL GROWTH PROPERTIES, INC.
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- 2.66. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 12/31/2024
- List the contract number of any government contract** _____
- GLOBAL MARKET SL PROPERTY L.L.C.
PO BOX 410842
CREVE COEUR MO 63141
- 2.67. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 9/30/2023
- List the contract number of any government contract** _____
- GREAT NORTHERN GAS COMPANY
ATTN: THOMAS L DIGRAPPA
621 17TH STREET
SUITE 2150
DENVER CO 80293
- 2.68. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 12/31/2024
- List the contract number of any government contract** _____
- GREENFIELD, L.P.
BONNIE MANAGEMENT CORP
8430 W. BRYN MAWR AVENUE
SUITE 850
CHICAGO IL 60631

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.69. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE HOME DEPOT
2455 PACES FERRY ROAD
ATLANTA GA 30339
- State the term remaining** EXPIRES 10/31/2017
- List the contract number of any government contract** _____
- 2.70. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE HYBLA CENTER LIMITED
PARTNERSHIP
C/O FINMARC MANAGEMENT, INC
7200 WISCONSIN AVENUE
SUITE 1100
BETHESDA MD 20814
- State the term remaining** EXPIRES 12/31/2016
- List the contract number of any government contract** _____
- 2.71. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE INLAND COMMERCIAL PROPERTY
MANAGEMENT, INC.
814 COMMERCE DRIVE
SUITE 300
OAK BROOK IL 60523
- State the term remaining** EXPIRES 12/31/2024
- List the contract number of any government contract** _____
- 2.72. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE INLAND COMMERCIAL PROPERTY
MGMT.
814 COMMERCE DRIVE
SUITE 300
OAK BROOK IL 60523
- State the term remaining** EXPIRES 12/31/2024
- List the contract number of any government contract** _____
- 2.73. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE INVEN TRUST PROPERTY
MANAGEMENT, LLC
INVEN TRUST PROPERTY
MANAGEMENT, LLC (BLDG 44558)
2809 BUTTERFIELD ROAD
SUITE 200
OAK BROOK IL 60523
- State the term remaining** EXPIRES 12/31/2016
- List the contract number of any government contract** _____

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.74. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE JOE AMATO EAST END CENTRE, LP
1 AMATO DRIVE
MOOSIC PA 18505
- State the term remaining** EXPIRES 12/31/2020
- List the contract number of any government contract** _____
- 2.75. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE JOHN S. LEE AND HELEN Y. LEE
1993 REVOCABLE LIVING TRUST
DATED DECEMBER
C/O AMERICAN REALTY AND
CONSTRUCTION INC
1489 WEBSTER STREET
SUITE 218
SAN FRANCISCO CA 94115
- State the term remaining** EXPIRES 12/31/2019
- List the contract number of any government contract** _____
- 2.76. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE JPMCC 2006-CIBC14 - 1481-1535
WEST MASON STREET LLC
MLG MANAGEMENT LLC
757 N BROADWAY
SUITE 700
MILWAUKEE WI 53202
- State the term remaining** EXPIRES 6/30/2019
- List the contract number of any government contract** _____
- 2.77. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE K S DEVELOPERS
15823 SHELBYVILLE ROAD
LOUISVILLE KY 40245
- State the term remaining** EXPIRES 12/31/2020
- List the contract number of any government contract** _____
- 2.78. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE KCH PROPERTIES, INC.
KIMCO REALTY CORPORATION
1954 GREENSPRING DRIVE
SUITE 330
TIMONIUM MD 21093
- State the term remaining** EXPIRES 12/31/2019
- List the contract number of any government contract** _____

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- | | | |
|-------|---|---|
| 2.79. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2019

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

KIMCO ENGLEWOOD 683, INC.
KIMCO REALTY CORPORATION
3333 NEW HYDE PARK ROAD
SUITE 100
NEW HYDE PARK NY 11042 |
| 2.80. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2026

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

KIMCO OF PENNSYLVANIA TRUST
KIMCO REALTY CORPORATION
1954 GREENSPRING DRIVE
SUITE 330
TIMONIUM MD 21093 |
| 2.81. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2026

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

KIMCO OF PENNSYLVANIA TRUST
KIMCO REALTY CORPORATION
1954 GREENSPRING DRIVE
SUITE 330
TIMONIUM MD 21093 |
| 2.82. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2020

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

KIMSCHOTT FACTORIA MALL, LLC
KIMCO REALTY CORPORATION
3333 NEW HYDE PARK ROAD
SUITE 100
NEW HYDE PARK NY 11042 |
| 2.83. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2020

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

KIR SMOKETOWN STATION L.P.
KIMCO REALTY CORPORATION
1954 GREENSPRING DRIVE
SUITE 330
TIMONIUM MD 21093 |

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.84. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE LAGUNA WOODS CANYON, LLC
4699 WHITE OAK
ENCINO CA 91316
- State the term remaining** EXPIRES 12/31/2023
- List the contract number of any government contract** _____
- 2.85. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE LANCASTER CENTER EAST LLC
1905 SE 10TH AVENUE
PORTLAND OR 97214
- State the term remaining** EXPIRES 12/31/2028
- List the contract number of any government contract** _____
- 2.86. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE LVP DEPAUL LLC
1985 CEDAR BRIDGE AVENUE
SUITE 1
LAKEWOOD NJ 08701
- State the term remaining** EXPIRES 12/31/2016
- List the contract number of any government contract** _____
- 2.87. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE MACERICH PROPERTY MGMT CO,
LLC
MACERICH
401 WILSHIRE BLVD.
SUITE 700
SANTA MONICA CA 90401
- State the term remaining** EXPIRES 12/31/2018
- List the contract number of any government contract** _____
- 2.88. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE MACERICH REAL ESTATE COMPANY
ANNAPOLIS MANAGEMENT
COMPANY
170 JENNIFER ROAD
SUITE 330
ANNAPOLIS MD 21401
- State the term remaining** EXPIRES 12/31/2018
- List the contract number of any government contract** _____

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- | | | |
|-------|---|---|
| 2.89. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2018

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

MILFORD ASSOCIATES
FIDELITY MANAGEMENT, INC.
641 SHUNPIKE ROAD
CHATHAM NJ 07928 |
| 2.90. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2019

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

MINGES CREEK, LLC
REDICO MANAGEMENT, INC.
ONE TOWN SQUARE
SUITE 1600
SOUTHFIELD MI 48076 |
| 2.91. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2019

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

MS. JUDITH GAEDE, A SINGLE PERSON
505 W. SUNSET CIRCLE
MESA AZ 85201 |
| 2.92. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 12/31/2016

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

MSB SHOPPING CENTER
SAMUEL & COMPANY, INC
PO BOX 2397
KIRKLAND WA 98083 |
| 2.93. | Title of contract _____

State what the contract or lease is for BUILDING LEASE AGREEMENT

Nature of debtor's interest OPERATING LEASE

State the term remaining EXPIRES 1/31/2019

List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

NED M AND CONNIE G THOMPSON,
TRUSTEE OF NED M AND CONNIE G
THOMPSON FAMILY TRUST
PO BOX 6061
ATASCADERO CA 93423 |

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- | | | |
|-------|---|---|
| 2.94. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2019
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NF PLANT ASSOCIATES, LLC
DECRON MANAGEMENT CORP
6222 WILSHIRE BLVD
SUITE 400
LOS ANGELES CA 90048 |
| 2.95. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2020
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NIKI HOLDINGS, LP
THE NIKI GROUP, LLC
11260 EL CAMINO REAL
SUITE 220
SAN DIEGO CA 92130 |
| 2.96. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2024
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NMC SANTA ANA, LLC
NEWMARK MERRILL COMPANIES
5850 CANOGA AVENUE
SUITE 650
WOODLAND HILLS CA 91367 |
| 2.97. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2018
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NORMAN C. JACK AS TRUSTEE
2870 BLOOMFIELD ROAD
SEBASTOPOL CA 95473 |
| 2.98. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2019
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NORMAN H. SCHEINER AND CAROL ANN BARNETT, TRUSTEES OF THE SCHEINER/BARNETT FAMIL
14 LAUREL LANE
SAUSALITO CA 94965 |

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- | | | | |
|--------|---|--|--|
| 2.99. | Title of contract
<hr/> | State what the contract or lease is for
BUILDING LEASE AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NORTHEDGE OWNER, L.P.
C/O SRP PROPERTY MANAGEMENT, LLC
1 EAST WACKER DRIVE
CHICAGO IL 60601 |
| | Nature of debtor's interest
OPERATING LEASE | | |
| | State the term remaining
EXPIRES 12/31/2018 | | |
| | List the contract number of any government contract
<hr/> | | |
| | | | |
| 2.100. | Title of contract
<hr/> | State what the contract or lease is for
BUILDING LEASE AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
OTS ENTERPRISES LLC
DBA COLONIAL MANAGEMENT LLC
222 NORTH STREET
MADISON WI 53704 |
| | Nature of debtor's interest
OPERATING LEASE | | |
| | State the term remaining
EXPIRES 12/31/2021 | | |
| | List the contract number of any government contract
<hr/> | | |
| | | | |
| 2.101. | Title of contract
<hr/> | State what the contract or lease is for
BUILDING LEASE AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
OXFORD VALLEY ROAD
ASSOCIATES, L.P.
350 SENTRY PKWY #300
BLUE BELL PA 19422 |
| | Nature of debtor's interest
OPERATING LEASE | | |
| | State the term remaining
EXPIRES 12/31/2016 | | |
| | List the contract number of any government contract
<hr/> | | |
| | | | |
| 2.102. | Title of contract
<hr/> | State what the contract or lease is for
BUILDING LEASE AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PARK CENTER SQUARE, LLC
C/O PACIFIC WEST ASSET
MANAGEMENT CORP
PO BOX 19068
IRVINE CA 92623 |
| | Nature of debtor's interest
OPERATING LEASE | | |
| | State the term remaining
EXPIRES 12/31/2023 | | |
| | List the contract number of any government contract
<hr/> | | |
| | | | |
| 2.103. | Title of contract
<hr/> | State what the contract or lease is for
BUILDING LEASE AGREEMENT | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PDG AMERICA SHOPPING
CENTERS, LLC
PHILLIPS EDISON & COMPANY
11501 NORTHLAKE DRIVE
CINCINNATI OH 45249 |
| | Nature of debtor's interest
OPERATING LEASE | | |
| | State the term remaining
EXPIRES 12/31/2020 | | |
| | List the contract number of any government contract
<hr/> | | |

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.104. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** HUMAN RESOURCES
- Nature of debtor's interest** _____ PERSONNEL PEOPLE
- State the term remaining** 11/3/2016 EXPIRES 121 CENTRAL STREET
- List the contract number of any government contract** _____ SUITE 201
NORWOOD MN 02062
- 2.105. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE PIKE PARK ASSOCIATES LLLP
- State the term remaining** EXPIRES 12/31/2019 MARYLAND FINANCIAL INVESTORS, INC..
- List the contract number of any government contract** _____ 2800 QUARRY LAKE DRIVE
SUITE 340
BALTIMORE MD 21209
- 2.106. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE PIKE PARK ASSOCIATES LLLP
- State the term remaining** EXPIRES 12/31/2019 MARYLAND FINANCIAL INVESTORS, INC..
- List the contract number of any government contract** _____ 2800 QUARRY LAKE DRIVE
SUITE 340
BALTIMORE MD 21209
- 2.107. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE PLAMEX INVESTMENT, LLC
- State the term remaining** EXPIRES 12/31/2017 GREENLAND PROPERTY MANAGEMENT LLC
- List the contract number of any government contract** _____ PO BOX 489
BUENA PARK CA 90621
- 2.108. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE PLAZA 205 GARP, LLC
- State the term remaining** EXPIRES 12/31/2017 GERRITY GROUP, LLC
- List the contract number of any government contract** _____ 977 LOMAS SANTA FE DR
SUITE A
SOLANA BEACH CA 92075

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- | | | |
|--------|---|---|
| 2.109. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2020
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PR WARRINGTON LIMITED PARTNERSHIP
RIOCAN AMERICA MANAGEMENT LP
307 FELLOWSHIP ROAD
SUITE 116
MT LAUREL NJ 08054 |
| 2.110. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2024
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PRU/DESERT CROSSING I, LLC
C/O CBRE, INC.
8080 PARK LANE
SUITE 800
DALLAS TX 75231 |
| 2.111. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2022
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
RAMCO JACKSON CROSSING SPE LLC
RAMCO-GERSHENSON PROPERTIES, LP
31500 NORTHWESTERN HIGHWAY # 300
FARMINGTON HILLS MI 48334 |
| 2.112. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2026
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
RB RIVERGATE LLC
C/O RD MANAGEMENT LLC
810 7TH AVENUE
NEW YORK NY 10019 |
| 2.113. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2018
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
RED ROSE COMMONS ASSOCIATES, LP
350 SENTRY PKWY
BLDG 630
SUITE 300
BLUE BELL PA 19422 |

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.114. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 12/31/2024
- List the contract number of any government contract** _____
- ROCKY MOUNTAIN PROPERTIES LP
CSM CORPORATION
500 WASHINGTON AVE S. # 3000
MINNEAPOLIS MN 55415
- 2.115. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 12/31/2016
- List the contract number of any government contract** _____
- ROOSEVELT II ASSOCIATES, L.P.
PARAMOUNT REALTY SERVICES, INC.
1195 ROUTE 70
SUITE 2000
LAKEWOOD NJ 08701
- 2.116. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 12/31/2021
- List the contract number of any government contract** _____
- RPAI US MANAGEMENT LLC
2021 SPRING ROAD
SUITE 200
OAK BROOK IL 60523
- 2.117. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 12/31/2024
- List the contract number of any government contract** _____
- S & S SHOPPING CENTERS, LTD
SPIGEL PROPERTIES, INC
70 NE LOOP 410
SUITE 185
SAN ANTONIO TX 78216
- 2.118. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE
- State the term remaining** EXPIRES 7/31/2017
- List the contract number of any government contract** _____
- SAFARI II, LLC
ASSAM PROPERTY MANAGEMENT, INC.
530 S PHILLIPS AVENUE
SOUIX FALLS SD 57104

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- | | | |
|--------|---|---|
| 2.119. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2020
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SB ADVISORS INC.
PO BOX 3434
ENGLEWOOD CO 80155 |
| 2.120. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2019
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SEATAC VILLAGE SHOPPING CENTER, LLC
HARSCH INVESTMENT PROPERTIES
1430 SW BROADWAY AVENUE SUITE 100
PORTLAND OR 97201 |
| 2.121. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2016
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SFI FORD CITY - CHICAGO, LLC
MID-AMERICA ASSET MANAGEMENT, INC
ONE PARKVIEW PLAZA 9TH FLOOR
OAKBROOK TERRACE IL 60181 |
| 2.122. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2018
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SHAW MARKETPLACE PAK, LLC
MANCO ABBOTT, INC.
1398 W HERNDON AVE SUITE 105
FRESNO CA 93711 |
| 2.123. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2020
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SLO PROMENADE DE, LLC
TKG MANAGEMENT, INC
211 N STADIUM BLVD SUITE 201
COLUMBIA MO 65203 |

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.124. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE SOUTHLAND MALL LP
ROUSE PROPERTIES INC
1114 AVENUE OF THE AMERICAS
NEW YORK NY 10036
- State the term remaining** EXPIRES 12/31/2016
- List the contract number of any government contract** _____
- 2.125. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE SOUTHPOINT BUSINESS PARK
ASSOCIATES
SOUTHPOINT BUSINESS PARK
ASSOCIATION
PO BOX 5368
SAN JOSE CA 95150
- State the term remaining** EXPIRES 12/31/2020
- List the contract number of any government contract** _____
- 2.126. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE SOUTHPOINT BUSINESS PARK
ASSOCIATES
SOUTHPOINT BUSINESS PARK
ASSOCIATION
PO BOX 5368
SAN JOSE CA 95150
- State the term remaining** EXPIRES 12/31/2020
- List the contract number of any government contract** _____
- 2.127. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE STOCKBRIDGE COURTLAND
CENTER, LLC
PO BOX 8130
BLOOMFIELD MI 48302
- State the term remaining** EXPIRES 9/30/2024
- List the contract number of any government contract** _____
- 2.128. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE STONE RIDGE PLAZA, LLC
COMPSON DEVELOPMENT
2465 RIDGE ROAD W
ROCHESTER NY 14626
- State the term remaining** EXPIRES 12/31/2024
- List the contract number of any government contract** _____

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- | | | |
|--------|---|---|
| 2.129. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2017
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STRS OHIO CA REAL ESTATE INVESTMENTS II, LLC
CB RICHARD ELLIS
9536 WILSHIRE BLVD.
SUITE 210
BEVERLY HILLS CA 90212 |
| 2.130. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2017
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SUMMIT TOWNE CENTRE INC.
BALDWIN BROTHERS
2540 VILLAGE COMMON DRIVE
ERIE PA 16506 |
| 2.131. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2017
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SUMMIT TOWNE CENTRE INC.
BALDWIN BROTHERS
2540 VILLAGE COMMON DRIVE
ERIE PA 16506 |
| 2.132. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2020
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SY VENTURES V, LLC.
1ST COMMERCIAL REALTY GROUP, INC
3808 GRAND AVENUE
SUITE B
CHINO CA 91710 |
| 2.133. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2019
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
THE CAFARO NORTHWEST PARTNERSHIP
THE CAFARO COMPANY - ATTN: LEGAL DEPARTMENT
5577 YOUNGSTOWN-WARREN ROAD
NILES OH 44446 |

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.134. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE THE CAFARO NORTHWEST PARTNERSHIP
- State the term remaining** EXPIRES 12/31/2019 THE CAFARO COMPANY - ATTN: LEGAL DEPARTMENT
- List the contract number of any government contract** _____ 5577 YOUNGSTOWN-WARREN ROAD
NILES OH 44446
- 2.135. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE THE CAFARO NORTHWEST PARTNERSHIP
- State the term remaining** EXPIRES 12/31/2020 THE CAFARO COMPANY - ATTN: LEGAL DEPARTMENT
- List the contract number of any government contract** _____ 5577 YOUNGSTOWN-WARREN ROAD
NILES OH 44446
- 2.136. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE THE CAFARO NORTHWEST PARTNERSHIP
- State the term remaining** EXPIRES 12/31/2020 THE CAFARO COMPANY - ATTN: LEGAL DEPARTMENT
- List the contract number of any government contract** _____ 5577 YOUNGSTOWN-WARREN ROAD
NILES OH 44446
- 2.137. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE THE CENTRE AT FORESTVILLE LLC
- State the term remaining** EXPIRES 12/31/2016 PETRIE ROSS
- List the contract number of any government contract** _____ 1919 WEST STREET
SUITE 100
ANNAPOLIS MD 21401
- 2.138. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUILDING LEASE AGREEMENT
- Nature of debtor's interest** OPERATING LEASE THE WILLIAM D. GRASSE LIVING TRUST DATED AUGUST 31, 2006
- State the term remaining** EXPIRES 9/30/2017 5110 HESSEL ROAD
- List the contract number of any government contract** _____ SEDASTOPOL CA 95472

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- | | | |
|--------|---|--|
| 2.139. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2016
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TOWN CENTER I FAMILY PARTNERSHIP
5677 OBERLIN DRIVE #114
SAN DIEGO CA 92121 |
| 2.140. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2024
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
UNION BANK N.A.
530 "B" STREET
SUITE 920
SAN DIEGO CA 92101 |
| 2.141. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2019
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
URBAN EDGE YORK LP
URBAN EDGE PROPERTIES
210 ROUTE 4 EAST
PARAMUS NJ 07652 |
| 2.142. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2017
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
VENTIMIGLIA COMPANY, LLC
COLUMBIA AGENCY, INC.
4390 N. ACADEMY BLVD.
COLORADO SPRINGS CO 80918 |
| 2.143. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2019
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
VESTAR ARIZONA XXVI, LLC
VESTAR DEVELOPMENT CO
2425 EAST CAMELBACK ROAD
PHOENIX AZ 85016 |

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- 2.144. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE WATERTOWN MALL ASSOCIATES, LP
- State the term remaining EXPIRES 12/31/2017 550 ARSENAL STREET
- List the contract number of any government contract _____ WATERTOWN MA 02172
- 2.145. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE WATERTOWN MALL MGMT. OFFICE
- State the term remaining EXPIRES 12/31/2017 550 ARSENAL STREET
- List the contract number of any government contract _____ WATERTOWN MA 02172
- 2.146. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE WCP SOUTHGATE PLAZA, LLC
- State the term remaining EXPIRES 12/31/2019 WRIGHTWOOD FINANCIAL
- List the contract number of any government contract _____ 300 SOUTH WACKER DRIVE
- SUTIE 1250
- CHICAGO IL 60606
- 2.147. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE WEINSTEIN ENTERPRISES, INC.
- State the term remaining EXPIRES 12/31/2020 ROCKRIDGE FARM
- List the contract number of any government contract _____ 961 ROUTE 52
- CARMEL NY 10512
- 2.148. Title of contract _____ State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
- State what the contract or lease is for BUILDING LEASE AGREEMENT
- Nature of debtor's interest OPERATING LEASE WESTLAND SOUTH SHORE MALL
- State the term remaining EXPIRES 12/31/2019 L.P.
- List the contract number of any government contract _____ WESTFIELD SOUTH SHORE
- 2049 CENTURY PARK EAST
- LOS ANGELES CA 90067

Debtor **OCB Restaurant Company, LLC**

Case number (if known) **16-50559**

- | | | |
|--------|---|---|
| 2.149. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2020
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WHITEMAK ASSOC. & PA REAL ESTATE INVESTMENT TRUST
WP GLIMCHER INC
180 EAST BROAD ST
COLUMBUS OH 43215 |
| 2.150. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 11/30/2020
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WICK SHOPPING PLAZA ASSOCIATES, LLC
PO BOX 29
WOODBRIDGE NJ 07095 |
| 2.151. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2022
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
W-PT ARVADA VII, LLC
PINE TREE COMMERCIAL REALTY, LLC
40 SKOKIE BLVD
SUITE 610
NORTHBROOK IL 60062 |
| 2.152. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2024
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WRI-URS CLACKAMAS, LLC
WEINGARTEN REALTY INVESTORS
PO BOX 924133
HOUSTON TX 77292 |
| 2.153. | Title of contract
<hr/> State what the contract or lease is for
BUILDING LEASE AGREEMENT
Nature of debtor's interest
OPERATING LEASE
State the term remaining
EXPIRES 12/31/2017
List the contract number of any government contract
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
YAM AND SUE LEE LIVING TRUST
4043 MARK TERRACE
SAN DIEGO CA 92117 |

Fill in this information to identify the case:

Debtor name: OCB Restaurant Company, LLC

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 16-50559

☐ Check if this is an amended filing

Official Form 206H

Schedule H: 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. Does the debtor 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. ALAMO OVATION, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALAMO CRG, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. ALAMO OVATION, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALL JONES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3. ALAMO OVATION, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	BPTX HOLDINGS, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4. ALAMO OVATION, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	DAYSRING OPERATING, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5. ALAMO OVATION, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	FMP SA MANAGEMENT GROUP, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6. ALAMO OVATION, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	LARRAC INV., LLC SERIES Z	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. BUFFET RESTAURANTS HOLDINGS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALAMO CRG, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8. BUFFET RESTAURANTS HOLDINGS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALL JONES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9. BUFFET RESTAURANTS HOLDINGS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	BPTX HOLDINGS, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10. BUFFET RESTAURANTS HOLDINGS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	DAYSRING OPERATING, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11. BUFFET RESTAURANTS HOLDINGS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	FMP SA MANAGEMENT GROUP, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12. BUFFET RESTAURANTS HOLDINGS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	LARRAC INV., LLC SERIES Z	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13. BUFFETS HOLDINGS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALAMO CRG, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14. BUFFETS HOLDINGS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALL JONES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.15. BUFFETS HOLDINGS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	BPTX HOLDINGS, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16. BUFFETS HOLDINGS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	DAYSRING OPERATING, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17. BUFFETS HOLDINGS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	FMP SA MANAGEMENT GROUP, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.18. BUFFETS HOLDINGS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	LARRAC INV., LLC SERIES Z	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19. BUFFETS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALAMO CRG, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.20. BUFFETS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALL JONES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.21. BUFFETS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	BPTX HOLDINGS, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.22. BUFFETS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	DAYSRING OPERATING, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.23. BUFFETS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	FMP SA MANAGEMENT GROUP, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.24. BUFFETS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	LARRAC INV., LLC SERIES Z	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.25. FIRE MOUNTAIN RESTAURANTS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALAMO CRG, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.26. FIRE MOUNTAIN RESTAURANTS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALL JONES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.27. FIRE MOUNTAIN RESTAURANTS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	BPTX HOLDINGS, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.28. FIRE MOUNTAIN RESTAURANTS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	DAYSRING OPERATING, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.29. FIRE MOUNTAIN RESTAURANTS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	FMP SA MANAGEMENT GROUP, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30. FIRE MOUNTAIN RESTAURANTS, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	LARRAC INV., LLC SERIES Z	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.31. HOMETOWN BUFFETS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALAMO CRG, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.32. HOMETOWN BUFFETS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALL JONES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.33. HOMETOWN BUFFETS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	BPTX HOLDINGS, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.34. HOMETOWN BUFFETS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	DAYSRING OPERATING, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.35. HOMETOWN BUFFETS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	FMP SA MANAGEMENT GROUP, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.36. HOMETOWN BUFFETS, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	LARRAC INV., LLC SERIES Z	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.37. RYAN'S RESTAURANT GROUP, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALAMO CRG, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.38. RYAN'S RESTAURANT GROUP, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALL JONES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **OCB Restaurant Company, LLC**Case number (if known) **16-50559**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.39. RYAN'S RESTAURANT GROUP, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	BPTX HOLDINGS, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.40. RYAN'S RESTAURANT GROUP, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	DAYSRING OPERATING, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.41. RYAN'S RESTAURANT GROUP, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	FMP SA MANAGEMENT GROUP, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.42. RYAN'S RESTAURANT GROUP, LLC	120 CHULA VISTA HOLLYWOOD PARK TX 78232	LARRAC INV., LLC SERIES Z	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.43. TAHOE JOE'S, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALAMO CRG, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.44. TAHOE JOE'S, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	ALL JONES, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.45. TAHOE JOE'S, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	BPTX HOLDINGS, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.46. TAHOE JOE'S, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	DAYSRING OPERATING, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.47. TAHOE JOE'S, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	FMP SA MANAGEMENT GROUP, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.48. TAHOE JOE'S, INC.	120 CHULA VISTA HOLLYWOOD PARK TX 78232	LARRAC INV., LLC SERIES Z	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name: OCB Restaurant Company, LLC

United States Bankruptcy Court for the: Western District of Texas

Case number (if known): 16-50559

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 5/22/2016
MM/DD/YYYY

x 
Signature of individual signing on behalf of debtor

William R. Patterson
Printed name

Chief Restructuring Officer
Position or relationship to debtor