

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION**

IN RE:

KNIGHT ENERGY HOLDINGS, LLC, *ET AL.*

DEBTORS ¹

CASE NO. 17-51014

(JOINTLY ADMINISTERED)

CHAPTER 11

JUDGE ROBERT SUMMERHAYS

**GLOBAL NOTES, METHODOLOGY, AND SPECIFIC
DISCLOSURES REGARDING THE DEBTORS' SCHEDULES OF
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

Introduction

Knight Energy Holdings, LLC (“**KEH**”) and its debtor affiliates, as debtors and debtors in possession in the above-captioned chapter 11 cases (collectively, the “**Debtors**”), with the assistance of their advisors, have filed their respective Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**Statements**,” and together with the Schedules the “**Schedules and Statements**”) with the United States Bankruptcy Court for the Western District of Louisiana (the “**Bankruptcy Court**”), pursuant to section 521 of title 11 of the United States Code, 11 U.S.C. §§ 101–1532 (the “**Bankruptcy Code**”), and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These *Global Notes, Methodology, and Specific Disclosures Regarding the Debtors’ Schedules of Assets and Liabilities and Statements of Financial Affairs* (the “**Global Notes**”)

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are Knight Energy Holdings, LLC (1930) (Case No. 17-51014); Knight Oil Tools, LLC (2667) (Case No. 17-51015); Knight Manufacturing, LLC (0600) (Case No. 17-51016); KDCC, LLC, f/k/a Knight Well Services, LLC (4156) (Case No. 17-51017); Tri-Drill, LLC (4957) (Case No. 17-51018); Advanced Safety & Training Management, LLC, (0510) (Case No. 17-51019); Knight Security, LLC (0923) (Case No. 17-51020); Knight Information Systems, LLC (9787) (Case No. 17-51021); El Caballero Ranch, Inc. (7345) (Case No. 17-51022); Rayne Properties, LLC (7235) (Case No. 17-51023); Knight Aviation, LLC (3329) (Case No. 17-51024); Knight Research & Development, LLC (3760) (Case No. 17-51025); Knight Family Enterprises, LLC (7190) (Case No. 17-51026); HMC Leasing, LLC (0814) (Case No. 17-51027) and HMC Investments, LLC (8254) (Case No. 17-51029). The Debtors’ service address is 2727 SE Evangeline Thruway, Lafayette, Louisiana 70508 other than Knight Manufacturing, LLC and Advanced Safety & Training Management, LLC. Knight Manufacturing, LLC’s service address is 2810-A Melancon Road, Broussard, Louisiana 70518 and Advanced Safety & Training Management, LLC’s service address is 2725 SE Evangeline Thruway, Lafayette, Louisiana 70508.

pertain to, are incorporated by reference in, and comprise an integral part of all of the Debtors' Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP"), nor are they intended to be fully reconciled with the financial statements of each Debtor. Additionally, the Schedules and Statements contain unaudited information that is subject to further review, potential adjustment, and reflect the Debtors' commercially reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.

The Debtors and their agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained herein. While commercially reasonable efforts have been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. The Debtors and their agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised, or re-categorized. In no event shall the Debtors or their agents, attorneys and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtors or their agents, attorneys, and financial advisors are advised of the possibility of such damages.

Mr. Mark Comeaux, the Debtors' Chief Financial Officer, has signed each of the Schedules and Statements. Mr. Comeaux is an authorized signatory for each of the Debtors. In reviewing and signing the Schedules and Statements, Mr. Comeaux necessarily has relied upon the efforts, statements, and representations of various personnel employed by the Debtors and their advisors. Mr. Comeaux has not (and could not have) personally verified the accuracy of each statement and representation contained in the Schedules and Statements, including statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

Global Notes and Overview of Methodology

1. **Basis of Presentation.** Except as otherwise noted, the asset information provided herein represents the Debtors' data regarding their assets as of June 30, 2017, and the liability information provided herein represents the Debtors' data regarding their liabilities as of the close of business on the Petition Date.

For financial reporting purposes, the Debtors and certain of their non-Debtor affiliates ordinarily prepare consolidated as well as combined financial statements. Unlike the consolidated and combined financial statements, the Schedules reflect the assets and liabilities of each Debtor on a non-consolidated, non-combined basis, except where

otherwise indicated. Accordingly, the totals listed in the Schedules will likely differ, at times materially, from the consolidated and combined financial reports prepared by the Debtors for financial reporting purposes or otherwise.

The Schedules do not purport to represent financial statements prepared in accordance with GAAP, nor are they intended to be fully reconciled with the financial statements of each Debtor. Additionally, the Schedules contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors' reasonable best efforts to report the assets and liabilities of each Debtor on a non-combined basis. Moreover, given, among other things, the uncertainty surrounding the collection and ownership of certain assets and the valuation and nature of certain liabilities, to the extent that a Debtor shows more assets than liabilities, this is not an admission that the Debtor was solvent as of the Petition Date or at any time before the Petition Date. Likewise, to the extent a Debtor shows more liabilities than assets, this is not an admission that the Debtor was insolvent as of the Petition Date or at any time before the Petition Date.

2. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to (i) amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to any and all claim ("***Claim***") descriptions, designations, or Debtor(s) against which the Claim is asserted; (ii) dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status or classification; (iii) subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or object to the extent, validity, enforceability, priority or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtors' chapter 11 cases, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation or rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors shall not be required to update the Schedules and Statements.
3. **Description of Cases and "As Of" Information Date.** On August 8, 2017 (the "***Petition Date***"), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their businesses and managing their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.

On August 8, 2017, the Bankruptcy Court entered the *Interim Order Pursuant to Bankruptcy Rule 1015(b) Directing Joint Administration of the Chapter 11 Cases*

[Docket No. 22]. On August 24, 2017, the United States Trustee for the Western District of Louisiana filed the *Notice of Appointment of Committee of Unsecured Creditors* pursuant to section 1102(a) of the Bankruptcy Code [Docket No. 154].

The asset and liability information provided herein represents the asset and liability data of the Debtors as of the close of business on June 30, 2017, except as otherwise noted.

4. **Financial Statements.** The Debtors do not prepare financial statements for Knight Research & Development, LLC, Knight Security, LLC and HMC Investments, LLC. Accordingly, no amounts have been included in the Schedules for these entities other than to reflect debt for which the entity was a Guarantor.
5. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for all of their assets. Accordingly, unless otherwise indicated, the Schedules and Statements reflect the Debtors' best estimate of net book values as of June 30, 2017. There may be certain exceptions to this as noted in the Schedules. Assets with a net book value of zero may not be set forth in the Schedules or scheduled with undetermined amounts. Parties are cautioned that book value is not, in any way, indicative of the fair market value of any of the Debtors' assets.

Book values of assets prepared in accordance with GAAP generally do not reflect the current performance of the assets or the impact of the commodity price environment and may differ materially from the actual value and/or performance of the underlying assets.

Certain other assets, such as investments in subsidiaries, are listed at undetermined amounts, as the net book values may differ materially from fair market values or the amounts ultimately realized.

6. **Property Rights – Generally.** Exclusion of certain property from the Schedules and Statements shall not be construed as an admission that such property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain property in the Schedules and Statements shall not be construed as an admission that such property rights have not been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.

The Debtors are unable to allocate net book values for certain individual real properties and have therefore presented these individual properties with undetermined amounts.

Furthermore, although the Debtors have made diligent efforts to attribute property to each applicable Debtor, it is possible that property attributed to a particular Debtor may, in fact, be owned by another. The Debtors reserve all of their rights with respect to the legal status of any and all such property rights.

7. **Personal Property.** In the ordinary course of their businesses, the Debtors may lease furniture, fixtures, and equipment from certain third-party lessors for use in the daily operation of their business. Nothing in the Schedules and Statements is or shall be

construed as an admission regarding any determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all of their rights with respect to any such issue.

The Debtors are unable to allocate net book values for certain individual personal property and have therefore presented the individual properties with undetermined amounts.

Furthermore, although the Debtors have made diligent efforts to attribute property to each applicable Debtor, it is possible that property attributed to a particular Debtor may, in fact, be owned by another. The Debtors reserve all of their rights with respect to the legal status of any and all such property rights.

8. **Recharacterization.** Notwithstanding the Debtors' commercially reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors may nevertheless have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors' businesses. Accordingly, the Debtors reserve all of their rights to re-characterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition. Disclosure of information in one or more Schedules, one or more Statements, or one or more exhibits or attachments to the Schedules or Statements, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statements, exhibits, or attachments.
9. **Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change. Accordingly, the Debtors reserve all of their rights to amend, supplement, or otherwise modify the Schedules and Statements as is necessary or appropriate.

Although there are multiple lenders under the Debtors' prepetition debt facilities, only the administrative agents have been listed on the Schedules.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtors reserve all of their rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

10. **Excluded Assets and Liabilities.** The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without

limitation, accrued salaries, employee benefit accruals, and accrued accounts payable. The Debtors also have excluded rejection damage Claims of counterparties to executory contracts and unexpired leases that may or may not be rejected, to the extent such damage Claims exist. In addition, certain immaterial assets and liabilities may have been excluded.

11. **Insiders.** Solely for purposes of the Schedules and Statements, the Debtors defined “insiders” as: (a) directors; (b) officers; (c) persons in control of the Debtors; and (d) relatives of the Debtors’ directors, officers or persons in control of the Debtors. Persons listed as “insiders” have been included for informational purposes only and by including them in the Schedules and Statements, shall not constitute an admission that those persons are insiders for purposes of section 101(31) of the Bankruptcy Code. Moreover, the Debtors do not take any position with respect to: (a) any insider’s influence over the control of the Debtors; (b) the management responsibilities or functions of any such insider; (c) the decision making or corporate authority of any such insider; or (d) whether the Debtors or any such insider could successfully argue that he or she is not an “insider” under applicable law or with respect to any theories of liability or for any other purpose.
12. **Intellectual Property Rights.** Exclusion of certain intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.

In addition, although the Debtors have made diligent efforts to attribute intellectual property to the rightful Debtor entity, in certain instances, intellectual property owned by one Debtor may, in fact, be owned by another Debtor or by an affiliate. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all such intellectual property rights.

13. **Executory Contracts.** Although the Debtors made diligent attempts to attribute an executory contract to its rightful Debtor, in certain instances, the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors’ businesses. Accordingly, the Debtors reserve all of their rights with respect to the named parties of any and all executory contracts, including the right to amend Schedule G.

Moreover, other than real property leases reported on Schedule A/B.55, the Debtors have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors’ estates. The Debtors’ executory contracts and unexpired leases have been set forth in Schedule G. The Debtors’ rejection of executory contracts and unexpired leases may result in the assertion of rejection damage claims; the Schedules and Statements do not reflect any claims for rejection damages. The Debtors reserve the right to make any arguments and objections with respect to the assertion of any claims related to contracts or leases, including that any contract or lease identified on Schedule G is not an executory contract or unexpired lease for purposes of section 365 of the Bankruptcy Code.

14. **Materialman's/Mechanic's Liens.** The inventories, property, and equipment listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.
15. **Classifications.** Listing (a) a Claim on Schedule D as "secured," (b) a Claim on Schedule E/F as "priority," (c) a Claim on Schedule E/F as "unsecured," or (d) a contract on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the claimant or a waiver of the Debtors' rights to re-characterize or reclassify such Claims or contracts or to setoff of such Claims.
16. **Claims Description.** Schedules D and E/F permit each of the Debtors to designate a Claim as "disputed," "contingent," and/or "unliquidated." Any failure to designate a Claim on a given Debtor's Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by that Debtor that such amount is not "disputed," "contingent," or "unliquidated," or that such Claim is not subject to objection. The Debtors reserve all of their rights to dispute, or assert offsets or defenses to, any Claim reflected on their respective Schedules and Statements on any grounds, including liability or classification. Additionally, the Debtors expressly reserve all of their rights to subsequently designate such Claims as "disputed," "contingent" or "unliquidated." Moreover, listing a Claim does not constitute an admission of liability by the Debtors.
17. **Causes of Action.** Despite their commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross claim, counterclaim, or recoupment and any claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law or in equity, or pursuant to any other theory of law (collectively, "***Causes of Action***") they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any claims or Causes of Action or in any way prejudice or impair the assertion of such claims or Causes of Action.
18. **Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies:
- **Undetermined Amounts.** The description of an amount as "unknown," "TBD" or "undetermined" is not intended to reflect upon the materiality of such amount.

- Totals. All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
 - Paid Claims. The Debtors were authorized (but not directed) to pay certain outstanding prepetition Claims pursuant to various orders entered by the Bankruptcy Court. To the extent the Debtors pay any of the Claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all of their rights to amend or supplement the Schedules and Statements or take other action as is necessary or appropriate to avoid over-payment of or duplicate payments for any such liabilities.
 - Liens. Property and equipment listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.
19. Estimates and Assumptions. To prepare and file the Schedules in accordance with the deadline established in the Debtors' chapter 11 cases, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. Actual results could differ from those estimates, perhaps materially. The Debtors reserve all rights to amend the reported amounts of assets and liabilities to reflect changes in those estimates or assumptions.
20. Currency. Unless otherwise indicated, all amounts are reflected in U.S. dollars.
21. Intercompany Payables and Receivables. Intercompany payables and receivables between the Debtors are set forth on Schedule E/F or Schedule A/B.77, as applicable.
- As described more fully in the *Motion for Entry of an Order (I) Approving Continued Use of Cash Management System, (II) Authorizing Maintenance of Pre-Petition Bank Accounts and Continued Use of Existing Business Forms, and (III) Waiving the Requirements of Bankruptcy Code § 345(b)* [Docket No. 10] (the "**Cash Management Motion**"), KEH maintains the Debtors' centralized main operating account, which receives and disburses funds, as necessary, to accounts maintained at the various Debtors.
- The listing by the Debtors of any account between a Debtor and another Debtor or between a Debtor and a non-Debtor affiliate is a statement of what appears in a particular Debtor's books and records and does not reflect any admission or conclusion of the Debtors regarding the allowance, classification, characterization, validity, or priority of such account. The Debtors take no position in these Schedules and Statements as to whether such accounts would be allowed as a Claim, an Interest, or not allowed at all. As such, the amounts for intercompany balances are scheduled as undetermined. The Debtors and all parties in interest reserve all rights with respect to such accounts.
22. Setoffs. The Debtors periodically incur certain setoffs in the ordinary course of business.

Setoffs in the ordinary course can result from various items including, but not limited to, intercompany transactions, pricing discrepancies, returns, warranties, refunds, negotiations and/or disputes between the Debtors and their customers and/or suppliers. These normal setoffs are consistent with the ordinary course of business in the Debtors' industry and can be particularly voluminous, making it unduly burdensome and costly for the Debtors to list such ordinary course setoffs. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and as such, are or may be excluded from the Debtors' Schedules and Statements.

23. **Confidentiality**. In certain instances, the sensitivity of certain information may require its omission from the Schedules and Statements. To the extent possible, the alterations, redactions, consolidations, and omissions have been limited to the extent determined by the Debtors to be necessary or appropriate to protect the Debtors or third parties while also providing interested parties with sufficient information in response to the Schedules and Statements. The Debtors have not included home addresses of current and former employees or directors and customer names and addresses in the Schedules and Statements. The Debtors will mail any required notice or other documents to the address listed in their books and records for such individuals.
24. **Global Notes Control**. In the event that the Schedules and Statements differ from these Global Notes, the Global Notes shall control.

Specific Disclosures with Respect to the Debtors' Schedules

Schedule A/B.3. The bank account balances listed are as of the Petition Date.

Schedule A/B.8 & 73. The Debtors maintain certain insurance policies essential to continued operations. The terms of these policies are characteristic of insurance policies typically maintained by corporate entities that are similar in size and nature to the Debtors. The Debtors maintain various policies of insurance, including, but not limited to, property, casualty, motor vehicles, workers' compensation, general liability, and director and officer liability. The policy premiums are financed through The First National Bank of Jeanerette. Certain prepaid insurance amounts are listed at KEH and El Caballero Ranch, Inc., even though the policies cover multiple Debtors and are listed as undetermined as the Debtors are unable to split the prepaid amounts by individual policy.

Schedule A/B.11. The Debtors have disclosed the net book value with respect to accounts receivable listed on Schedule A/B.11, which represents the amount of the accounts receivable netted by any "doubtful accounts."

Schedule A/B.15. Equity interests in subsidiaries and affiliates primarily arise from common stock ownership or member or partnership interests. For purposes of these Schedules, the Debtors have listed an undetermined value for the equity interests of all of their subsidiaries and affiliates. The book values of certain assets may materially differ from their fair market values.

Schedule A/B.19-21. The current value of the Debtor's interest for certain classes of inventory are reflected as undetermined as the fair market value of such interest is dependent on numerous variables and factors and may differ significantly from net book value.

Schedule A/B.47 & 48. The value of the Debtor's interest is reflected as undetermined because the fair market value of such interest is dependent on numerous variables and factors and may differ significantly from net book value.

Schedule A/B.55. To the extent the Debtors had a recent appraisal (within 1 year of the Filing Date) of its real property (owned real estate), Schedule A/B.55 lists the value of the Debtor's interest at the appraised value. Otherwise, the value of the Debtor's interest is listed as undetermined because the fair market value of such interest is dependent on numerous variables and factors and may differ significantly from net book value.

The Debtors are unable to allocate the net book value for certain leasehold and building improvements to individual properties and have therefore reflected these amounts in total as "leasehold and building improvements – other" in the schedule.

Schedule A/B.63. For confidentiality reasons, the Debtors have not provided a customer list.

Schedule A/B.70. Please refer to Schedule G for a listing of all executory contracts. The valuations as to the Debtors' interest in these agreements is unknown at the time of filing.

Schedule A/B.72. In certain instances, the Debtors have submitted tax returns that are currently pending in which the Debtors believe they are entitled to a tax refund. As such, the value of the Debtors' interest is estimated, as the applicable taxing authorities may dispute the Debtors' tax returns or reach a settlement on the exact amount of any tax refund. The Debtors have not made any determination that a tax refund is an asset of a particular Debtor, and the Debtors reserve all of their rights on this issue. NOL's have not been scheduled as any benefit to the Debtors of the NOL's to offset future taxable income has not been determined.

Schedule A/B.75. In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to causes of action, counterclaims, setoffs, or refunds with their contract counterparties, suppliers, or vendors or potential warranty claims against their suppliers or vendors. The Debtors reserve all of their rights with respect to such potential causes of action, counterclaims, setoffs, refunds, and claims, including the right to amend Schedule A/B.75.

Schedule A/B.77. The listing by the Debtors of any account between a Debtor and another Debtor or between a Debtor and a non-Debtor affiliate is a statement of what appears in a particular Debtor's books and records and does not reflect any admission or conclusion of the Debtors regarding the allowance, classification, characterization, validity, or priority of such account. The Debtors take no position in these Schedules and Statements as to whether such accounts would be allowed as a Claim, an Interest, or not allowed at all. As such, the amounts for intercompany balances are scheduled as undetermined. The Debtors and all parties in interest reserve all rights with respect to such accounts.

Schedule D. Except as otherwise agreed pursuant to a stipulation or order entered by the Bankruptcy Court, the Debtors reserve their rights to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset of a secured creditor listed on Schedule D of any Debtor. Moreover, although the Debtors have scheduled claims of various creditors as secured claims, the Debtors reserve all of their rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. The descriptions provided in Schedule D are solely intended to be a summary, and not an admission of liability.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated herein, real property lessors, utility companies, and other parties that may hold security deposits have not been listed on Schedule D. The Debtors reserve all of their rights to amend Schedule D to the extent that the Debtors determine that any claims associated with such agreements should be reported on Schedule D. Nothing herein shall be construed as an admission by the Debtors of the legal rights of the claimant or a waiver of the Debtors' rights to recharacterize or reclassify such claim or contract.

Moreover, the Debtors have not included on Schedule D parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights. Where an administrative agent or trustee serves with respect to any prepetition secured debt, only the administrative agent or trustee, as applicable, is listed as the creditor on Schedule D and not any other party that may hold a portion of the debt.

Amounts listed for JP Morgan Chase and Iberia Bank reflect principal only and do not include interest, penalties, fees or other charges, if any.

The claim amounts listed reflect approximate amounts as of the Petition Date. It would be administratively inefficient and unduly burdensome for the Debtors to determine the amounts of various UCC claims. Therefore, the amounts of such claims are reported as undetermined.

Schedule E/F. The listing by the Debtors of any account between a Debtor and another Debtor or between a Debtor and a non-Debtor affiliate is a statement of what appears in a particular Debtor's books and records and does not reflect any admission or conclusion of the Debtors regarding the allowance, classification, characterization, validity, or priority of such account. The Debtors take no position in these Schedules and Statements as to whether such accounts would be allowed as a Claim, an Interest, or not allowed at all. As such, the amounts for intercompany balances are scheduled as undetermined. The Debtors and all parties in interest reserve all rights with respect to such accounts.

The Bankruptcy Court has authorized the Debtors, in their discretion, to pay certain liabilities that may be entitled to priority under the applicable provisions of the Bankruptcy Code. For example, on August 10, 2017, the Bankruptcy Court entered the *Final Order (A) Authorizing Payment of all Pre-Petition Wages, Salaries, Other Accrued Compensation, Expense Reimbursements, Benefits and Related Amounts; and (B) Continuation of Specified Benefit*

Programs in the Ordinary Course of Business [Docket No. 48] (the “**Wages and Benefits Order**”), authorizing the Debtors to pay or honor certain prepetition obligations with respect to employee wages, salaries and other compensation, accrued and unpaid vacation liability, reimbursable employee expenses, and similar benefits. As a result of the Wages and Benefits Order, the Debtors believe that employee claims for prepetition wages have been or will be satisfied, and such amounts are not listed in the Debtors’ Schedules.

The Bankruptcy Court has also authorized the Debtors to pay, in their discretion, certain outstanding claims on a postpetition basis. Certain Debtors may pay claims listed on Schedule F during these chapter 11 cases pursuant to orders of the Bankruptcy Court and reserve all of their rights to amend or supplement Schedule E/F or take other action as necessary or appropriate to avoid overpayment of, or duplicate payments for, any such liabilities.

In addition, the Debtors have received authority by order of the Bankruptcy Court to pay certain taxes, including, but not limited to, sales, use, franchise, income, and payroll taxes. The Debtors believe that certain claims on account of such taxes have been or will be satisfied. Out of an abundance of caution, however, the Debtors have listed the taxing authorities on Schedule E/F for each Debtor as “undetermined”.

The Debtors have used their best reasonable efforts to report all prepetition general unsecured claims against the Debtors on Schedule E/F based upon the Debtors’ existing books and records as of the Petition Date. The claims of individual creditors for, among other things, various services may not reflect credits or allowances due from such creditors to the applicable Debtor. Schedule E/F may not reflect invoices received by the Debtors after the Petition Date on account of prepetition goods and services. The Debtors reserve all of their rights with respect to any credits and allowances, including the right to assert objections and/or setoffs with respect to same.

The claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose, including whether such claim arose before or after the Debtors initiated these chapter 11 cases, is an open issue of fact. Although reasonable efforts have been made to identify the date of incurrence of each claim, determining the date upon which each claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, when the date the debt was incurred was not readily available, the Debtors have listed the date as “various”.

Schedule E/F does not include certain deferred charges, deferred liabilities, accruals, or general reserves. While not listed on Schedule E/F, such amounts are, reflected on the Debtors’ books and records to the extent required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Petition Date.

Certain of the claims described on Schedule E/F as “litigation claims” may include potential or threatened legal disputes that are not formally recognized by an administrative, judicial, or other adjudicative forum due to certain procedural conditions that counterparties have yet to satisfy. Any information contained in Schedule E/F with respect to such potential litigation shall not be a binding representation on the Debtors’ liabilities with respect to any of the potential suits and

proceedings included herein. Some of the claims involved in litigation listed on Schedule E/F may be subject to subordination pursuant to section 510 of the Bankruptcy Code.

The Debtors expressly incorporate by reference into Schedule E/F all parties to pending litigation listed in Statement 7 as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F.

To the extent they are known, Schedule E/F reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption or the assumption and assignment of an executory contract or unexpired lease. Additionally, Schedule E/F does not include potential rejection damage claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

Schedule G. The Debtor's businesses are complex. Although the Debtor's existing books, records, and financial systems have been relied upon to identify and schedule executory contracts and unexpired leases at each of the Debtors and diligent efforts have been made to ensure the accuracy of each Debtor's Schedule G, inadvertent errors, omissions, or over-inclusion may have occurred. Certain information, such as the contract information of the counterparty, may not be included where such information could not be obtained using the Debtors' reasonable efforts.

Listing a contract or lease on Schedule G does not constitute an admission by the Debtors as to the validity or enforceability of any such contract or lease, an admission that such contract is an executory contract or unexpired lease or an admission that such contract or lease was in effect on the Petition Date. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contracts, leases, or other agreements set forth on Schedule G and to amend or supplement Schedule G as necessary. Certain of the contracts and leases listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

Omission of a contract or lease from Schedule G does not constitute an admission by the Debtors that such omitted contract or lease is not an executory contract or unexpired lease. The Debtors' rights under the Bankruptcy Code with respect to any such omitted contracts or leases are not waived by the omission and are hereby reserved in full. Schedule G may be amended at any time to add any omitted contract, agreement or lease.

Certain of the instruments reflected on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional lands, and other miscellaneous rights. Such rights, powers, duties, and obligations are not separately set forth on Schedule G. The Debtors hereby expressly reserve the right to assert that any instrument listed on Schedule G is an executory contract within the meaning of section 365 of the Bankruptcy Code. The Debtors reserve all of their rights, claims, and causes of action with respect to claims associated with any contracts and agreements listed on the Schedules, including their right to dispute or challenge the characterization or the structure of any transaction, document, or instrument (including any intercompany agreement) related to a creditor's claim.

Certain confidentiality and non-compete agreements may not be listed on Schedule G. The Debtors reserve all of their rights with respect to such agreements.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters and other documents that may not be listed on Schedule G or that may be listed as a single entry. The Debtors expressly reserve their rights to challenge whether such related materials constitute an executory contract or unexpired lease, a single contract or lease, or multiple, severable, or separate contracts or leases.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Debtors' use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider.

The Debtors have made a reasonable effort to determine the effective date and expiration date of each executory contract and unexpired lease for Schedule G. In some cases, the dates listed on Schedule G are estimated. To determine the exact expiration date for particular contracts or leases, parties are advised to review the individual contracts or leases, rather than simply relying on the dates listed on Schedule G. The Debtors reserve all their rights in this regard.

Although the Debtors made diligent attempts to attribute an executory contract or unexpired lease to its rightful Debtor, in certain instances, the Debtors may have inadvertently failed to do so. Accordingly, the Debtors reserve all of their rights with respect to the named parties of any and all executory contracts and unexpired leases, including the right to amend Schedule G.

The listing of any contract or lease on Schedule G does not constitute an admission by the Debtors as to the validity of any such contract or lease or that such contract or lease is an executory contract or unexpired lease. The Debtors reserve all of their rights to dispute the effectiveness of any such contract or lease listed on Schedule G or to amend Schedule G at any time to remove any contract or lease.

Schedule H. The Debtors that are either the principal obligors or guarantors under the Debtors' prepetition debt facilities are listed as Co-Debtors on Schedule H. The Debtors may not have identified certain guarantees associated with the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. The Debtors reserve all of their rights to amend the Schedules to the extent that additional guarantees are identified or such guarantees are discovered to have expired or be unenforceable.

Where an administrative agent or trustee serves with respect to any debt as to which there are Co-Debtors, only the administrative agent or trustee, as applicable, is listed as the creditor on Schedule H and not any other parties who may hold a portion of such debt.

In the ordinary course of their businesses, the Debtors may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-claims and counterclaims against other parties. Because all such claims are contingent, disputed, or unliquidated, such claims have not been set forth individually on Schedule H. Litigation matters can be found on each Debtor's Schedule E/F and Statement 7, as applicable.

Specific Disclosures with Respect to the Debtors' Statements

Statements 1 and 2. For financial reporting purposes, the Debtors ordinarily prepare consolidated as well as combined financial statements, and determine their gross revenue on a consolidated and combined basis in the ordinary course of business. Unlike the consolidated and combined financial statements, the Statements reflect the business and non-business revenue of each Debtor on a non-consolidated and non-combined basis, except where otherwise indicated. Accordingly, the totals listed in the Statements may differ, at times materially, from the consolidated and combined financial reports prepared by the Debtors for financial reporting purposes or otherwise. Statements 1 and 2 reflect the Debtors' gross revenue from business and non-business revenue (including interest and other income) for fiscal years 2015 and 2016 and for the period January 1, 2017 through July 31, 2017. The revenue listed for fiscal years 2015 and 2016 and for the period of January 1, 2017 through June 31, 2017 is based on the Debtors' books and records. The gross revenues from the business and non-business revenues include intercompany revenues for services provided by one Debtor to another Debtor such as rental income and internal inspection and other services.

Statement 3. Statement 3 includes any disbursement or other transfer made by the Debtors except for those made to insiders (included in Statement 4), employee payroll and expense reimbursements, bankruptcy professionals (included in Statement 11) and interbank transfers done as part of the Debtors' cash management system. In Statement 3, disbursements made on account of multiple invoices may be reflected as a single payment.

As described more fully in the Cash Management Motion, all disbursements listed in Statement 3 are made through the Debtors' cash management system. Knight Energy Holdings, LLC is the Debtors' main operating entity, and the vast majority of the revenues received and disbursements paid by the Debtors flow through bank accounts held in the name of this Debtor. It would be unduly burdensome and administratively inefficient to attribute specific payments made (or portions of payments) to individual Debtors. Therefore, the Debtors have reflected such payments on Statement 3 for Knight Energy Holdings, LLC.

Statement 4. Statement 4 accounts for the Debtors' cash transfers to or for the benefit of insiders. The listing of any person or entity is not intended to be nor shall it be construed as a legal characterization of such party as an insider under applicable law, and does not act as an admission of any fact, claim, right, or defense, and all such rights, claims and defenses are hereby reserved.

Directors and officers listed as transferees in Statement 4 may be (i) directors or officers of Knight Energy Holdings, LLC as well as directors or officers of other Debtors or non-Debtor affiliates or (ii) former directors or officers no longer employed by the Debtors.

Insider payments for all Debtor entities are shown on Statement 4 for Knight Energy Holdings, LLC. Directors and officers listed as transferees in Statement 4 may be directors and officers of one or more Debtors.

Statement 7. Information provided in Statement 7 includes only those legal disputes and administrative proceedings that are formally recognized by an administrative, judicial or other adjudicative forum. In the Debtors' attempt to provide full disclosure, to the extent a legal dispute or administrative proceeding is not formally recognized by an administrative, judicial or other adjudicative forum due to certain procedural conditions that counterparties have yet to satisfy, the Debtors have identified such matters on Schedule F for the applicable Debtor. Additionally, any information contained in Statement 7 shall not be a binding representation of the Debtors' liabilities with respect to any of the suits and proceedings identified therein.

Statement 11. Disbursements listed in Statement 11 were initiated and disbursed by Knight Energy Holdings, LLC, but were for the benefit of all Debtors.

Statement 13. The Debtors do not take any position with respect to whether transfers identified in the response to Question 13 in the Statements are made in the ordinary course of business. Certain transfers listed in this response are included solely out of an abundance of caution.

Statement 21. The Debtors hold and store numerous pieces of equipment of its customers in the ordinary course of business as the equipment is serviced and repaired. Listing out the individual assets would be both burdensome and administratively inefficient, therefore the assets are listed in general categories of equipment. The value of such equipment is listed as unknown due to the inherent difficulty of valuing such assets of the Debtors' customers.

Statement 25. The dates of existence of the businesses for which the Debtors have an interest reflect the year of incorporation of the entity reflected and do not reflect the incorporation dates of any predecessor entities. Indirect subsidiaries of KEH which have either been wound down or abandoned in certain foreign jurisdictions are shown with a last date of existence of 2016 as the company does not have sufficient documentation of the precise dates and no longer maintains books and records for these entities. To the extent documentation for the date of incorporation of any entity was not available, the date was reflected as unknown.

Statement 26d. KEH provides certain parties, such as its lenders, potential investors, customers, vendors, its financial and tax advisors and other business partners with financial statements. KEH does not maintain complete lists to track such disclosures and therefore has not provided lists of these parties in response to this question.

Statement 30. Please see Statement 4 of this form for transfers to insiders.

Statement 31. Certain Debtors or their predecessor entities may have submitted tax filings as part of a different consolidated tax group. Such filings are not listed in Statement 31.

Fill in this information to identify the case:

Debtor name: Knight Manufacturing, LLC

United States Bankruptcy Court for the: Western District of Louisiana

Case number (if known): 17-51016

☐ 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	UNDETERMINED
1b. Total personal property: Copy line 91A from Schedule A/B	\$4,291,449.44
1c. Total of all property: Copy line 92 from Schedule A/B	\$4,291,449.44

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	\$203,716,465.00
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	UNDETERMINED
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	+ \$1,568,100.11
4. Total liabilities Lines 2 + 3a + 3b	\$205,284,565.11

Fill in this information to identify the case:**Debtor name:** Knight Manufacturing, LLC**United States Bankruptcy Court for the:** Western District of Louisiana**Case number (if known):** 17-51016☐ 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. _____ \$ _____

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.	REGIONS BANK	CHECKING	4688	\$1,454.56
3.2.	IBERIA BANK	CHECKING	6289	\$404.00
3.3.	IBERIA BANK	CHECKING	4043	\$0.00
3.4.	IBERIA BANK	CHECKING	4328	\$28.80
3.5.	IBERIA BANK	CHECKING	3225	\$0.00
3.6.	IBERIA BANK	CHECKING	3217	\$1,454.56

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.

\$3,341.92

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

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

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	VENDOR DEPOSITS ADVANCED HEAT TREAT CORP 2825 MIDPORT BLVD WATERLOO IA 50703-9708	\$1,811.30
7.2.	VENDOR DEPOSITS FREUDENBERG OIL AND GAS TECHNOLOGIES 24479 NETWORK PL CHICAGO IL 60673-1244	\$15,950.00
7.3.	VENDOR DEPOSITS HYDRAQUIP CORP PO BOX 4493 HOUSTON TX 77210-4493	\$1,031.46
7.4.	VENDOR DEPOSITS TACTICAL SEALING TECHNOLOGIES P O BOX 844065 LOS ANGELES CA 90084-4065	\$27,585.39

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.	PREPAID MONOGRAM LICENSE AMERICAN PETROLEUM INSTITUTE	\$4,250.02
8.2.	PREPAID OCCUPATIONAL LICENSE CITY OF RAYNE	\$1,800.00
8.3.	PREPAID OCCUPATIONAL LICENSE IBERIA PARISH GOVERNMENT	\$1,500.00
8.4.	PREPAID SOFTWARE THOMSON REUTERS (TAX & ACCOUNTING) INC	\$16,959.26

9. Total of part 2

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

\$70,887.43**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

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

Current value of debtor's interest**11. Accounts receivable**

		Face amount	Doubtful or uncollectible accounts		
11a.	90 days old or less:	\$1,216,235.13	- \$0.00	= →	\$1,216,235.13
11b.	Over 90 days old:	\$356,493.34	- \$6,748.00	= →	\$349,745.34

12. Total of part 3

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

\$1,565,980.47**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
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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
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19. Raw materials

19.1. PARTS AND SUPPLIES UNKNOWN \$1,158,588.94 NET BOOK VALUE \$1,158,588.94

20. Work in progress

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
20.1. MISCELLANEOUS TOOLS	UNKNOWN	\$1,896,025.12	NET BOOK VALUE	UNDETERMINED

21. Finished goods, including goods held for resale

	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
21.1.	MISCELLANEOUS TOOLS	UNKNOWN	\$5,327,987.93	NET BOOK VALUE	UNDETERMINED

22. Other inventory or supplies

22.1. _____ \$ _____

23. Total of part 5

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

\$1,158,588.94**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
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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**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.	OWNED	\$84,861.74	Net Book Value	\$84,861.74
40. Office fixtures				
40.1.	SEE RESPONSE TO PART 7, NO. 39 ABOVE	\$_____	_____	\$_____
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.	OWNED	\$28,240.24	Net Book Value	\$28,240.24
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.	_____	\$_____	_____	\$_____
43. Total of part 7				
Add lines 39 through 42. Copy the total to line 86.				\$113,101.98

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.	2008, HMDE, 2 AXLE DUMP TRALER, 1B9G2FBD08B624285	UNDETERMINED	Net Book Value	UNDETERMINED
47.2.	2009, FORD, F-150 XLT CC, 1FTPW12V29KA39718	UNDETERMINED	Net Book Value	UNDETERMINED
47.3.	2006, FORD, F-150 XLT EXT CAB, 1FTPW12V76KD40996	UNDETERMINED	Net Book Value	UNDETERMINED
47.4.	2008, FORD, F-150 XLT CC 4X4, 1FTPW14V58FA80137	UNDETERMINED	Net Book Value	UNDETERMINED
47.5.	2005, FORD, F-150 XLT EXT CAB, 1FTPX12575NA79668	UNDETERMINED	Net Book Value	UNDETERMINED
47.6.	2008, FORD, F-250 XL EXT CAB DIESEL 4X4, 1FTSX21R78ED11436	UNDETERMINED	Net Book Value	UNDETERMINED
47.7.	2013, CHEVY, WT2500 SILVERADO LS CC DIESEL P/U, 1GC1CVC87DF191056	UNDETERMINED	Net Book Value	UNDETERMINED
47.8.	2013, CHEVY, WT2500 SILVERADO LS CC GAS 4X2 P/U, 1GC1CVC87DF191561	UNDETERMINED	Net Book Value	UNDETERMINED
47.9.	2012, CHEVY, SIL LS WT 2500 HD EXT CAB DIESEL, 1GC2CVC85CZ265110	UNDETERMINED	Net Book Value	UNDETERMINED
47.10.	2012, CHEVY, SIL LS WT 2500 HD EXT CAB DIESEL, 1GC2CVC86CZ323399	UNDETERMINED	Net Book Value	UNDETERMINED
47.11.	1994, INT'L, TRACTOR TRUCK DIESEL, 1HTSDAAN5RH604996	UNDETERMINED	Net Book Value	UNDETERMINED
47.12.	1998, LUFKIN, TRAILER, 1L01B452XW1129089	UNDETERMINED	Net Book Value	UNDETERMINED
47.13.	2006, MACK, CHN613 TRACTOR TRUCK DIESEL, 1M1AJ06Y66N005780	UNDETERMINED	Net Book Value	UNDETERMINED
47.14.	2007, UTILITY, FLATBED TRAILER 48' X 102", 1UYFS24867A048401	UNDETERMINED	Net Book Value	UNDETERMINED
47.15.	2013, CHEVY, 1500 SILVERADO LT P/U, 3GCPCE02DG195692	UNDETERMINED	Net Book Value	UNDETERMINED
47.16.	2013, TOP CAT, 18FT CAR HAULER, 4R7BU1820DT120221	UNDETERMINED	Net Book Value	UNDETERMINED
47.17.	2011, PROP, BBQ PIT TRAILER, 5WJUT1010BL000071	UNDETERMINED	Net Book Value	UNDETERMINED
47.18.	2008, HMDE, WELDING SHOP TRAILER, ST614526SPLA	UNDETERMINED	Net Book Value	UNDETERMINED
47.19.	2010, FLATBED TRAILER, TST-653316SPLA	UNDETERMINED	Net Book Value	UNDETERMINED
47.20.	2007, FORD, F-150 XLT CC, 1FTPW12VX7FB11609	UNDETERMINED	Net Book Value	UNDETERMINED
47.21.	2009, FORD, F-150 XL CC, 1FTRW12W39FA17043	UNDETERMINED	Net Book Value	UNDETERMINED
47.22.	2006, FORD, F-150 XL EXT CAB, 1FTRX12W06NB66668	UNDETERMINED	Net Book Value	UNDETERMINED
47.23.	2015, CHEVY, SILVERADO LS WT2500 CREW CAB 4X4, 1GC1KUEGXFF162378	UNDETERMINED	Net Book Value	UNDETERMINED

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. MACHINERY AND EQUIPMENT \$1,379,548.70 Net Book Value \$1,379,548.70

51. Total of part 8

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

\$1,379,548.70

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.

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

55.1. _____ LEASED \$71,452.77 Net Book Value UNDETERMINED

LEASEHOLD IMPROVEMENTS

14207 HWY. 2
WILLISTON ND 58801

55.2. _____ LEASED \$51,805.27 Net Book Value UNDETERMINED

LEASEHOLD IMPROVEMENTS

200 AND 202 SOUTH EASTERN AVE
RAYNE LA 70578

55.3. _____ LEASED \$73,063.32 Net Book Value UNDETERMINED

LEASEHOLD IMPROVEMENTS

2810-A- MELACON RD.
BROUSSARD LA 70518

55.4. _____ LEASED \$6,504.17 Net Book Value UNDETERMINED

LEASEHOLD IMPROVEMENTS

3 LAYOS DRIVE (BUILDING 1, 2, AND 3)
ROCK SPRINGS WY 82901-4772

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

55.5. _____ LEASED \$818,183.77 Net Book Value UNDETERMINED
 LEASEHOLD AND BUILDING IMPROVEMENTS - OTHER

56. Total of part 9

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

UNDETERMINED

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. TECHNOLOGY LICENSE - CUSTOMER 1	UNDETERMINED	Net Book Value	UNDETERMINED
62.2. TECHNOLOGY LICENSE - CUSTOMER 2	UNDETERMINED	Net Book Value	UNDETERMINED
62.3. BUSINESS LICENSE - ALASKA- KENAI	UNDETERMINED	Net Book Value	UNDETERMINED
62.4. BUSINESS LICENSE - ARKANSAS	UNDETERMINED	Net Book Value	UNDETERMINED
62.5. BUSINESS LICENSE - COLORADO	UNDETERMINED	Net Book Value	UNDETERMINED
62.6. BUSINESS LICENSE - COLORADO- DENVER	UNDETERMINED	Net Book Value	UNDETERMINED
62.7. BUSINESS LICENSE - FLORIDA	UNDETERMINED	Net Book Value	UNDETERMINED
62.8. BUSINESS LICENSE - IDAHO	UNDETERMINED	Net Book Value	UNDETERMINED
62.9. BUSINESS LICENSE - LOUISIANA	UNDETERMINED	Net Book Value	UNDETERMINED
62.10. BUSINESS LICENSE - LOUISIANA- BROUSSARD	UNDETERMINED	Net Book Value	UNDETERMINED
62.11. BUSINESS LICENSE - LOUISIANA- IBERIA PARISH	UNDETERMINED	Net Book Value	UNDETERMINED

62.12.	BUSINESS LICENSE - LOUISIANA- NEW ORLEANS	UNDETERMINED	Net Book Value	UNDETERMINED
62.13.	BUSINESS LICENSE - LOUISIANA- RAYNE	UNDETERMINED	Net Book Value	UNDETERMINED
62.14.	BUSINESS LICENSE - LOUISIANA- ST. MARTIN PARISH	UNDETERMINED	Net Book Value	UNDETERMINED
62.15.	BUSINESS LICENSE - LOUISIANA- STATE POLICE	UNDETERMINED	Net Book Value	UNDETERMINED
62.16.	BUSINESS LICENSE - LOUISIANA- TERREBONNE PARISH	UNDETERMINED	Net Book Value	UNDETERMINED
62.17.	BUSINESS LICENSE - MISSISSIPPI	UNDETERMINED	Net Book Value	UNDETERMINED
62.18.	BUSINESS LICENSE - NEW MEXICO- HOBBS	UNDETERMINED	Net Book Value	UNDETERMINED
62.19.	BUSINESS LICENSE - NORTH DAKOTA	UNDETERMINED	Net Book Value	UNDETERMINED
62.20.	BUSINESS LICENSE - OKLAHOMA	UNDETERMINED	Net Book Value	UNDETERMINED
62.21.	BUSINESS LICENSE - UTAH- NAPLES	UNDETERMINED	Net Book Value	UNDETERMINED
62.22.	BUSINESS LICENSE - UTAH- UTE TRIBE	UNDETERMINED	Net Book Value	UNDETERMINED
62.23.	BUSINESS LICENSE - WEST VIRGINIA	UNDETERMINED	Net Book Value	UNDETERMINED
62.24.	BUSINESS LICENSE - WYOMING	UNDETERMINED	Net Book Value	UNDETERMINED
62.25.	BUSINESS LICENSE - MONTANA	UNDETERMINED	Net Book Value	UNDETERMINED
62.26.	BUSINESS LICENSE - UTAH	UNDETERMINED	Net Book Value	UNDETERMINED
62.27.	BUSINESS LICENSE - SOUTH DAKOTA	UNDETERMINED	Net Book Value	UNDETERMINED
62.28.	BUSINESS LICENSE - NORTH DAKOTA	UNDETERMINED	Net Book Value	UNDETERMINED

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.

UNDETERMINED

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

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. INTERCOMPANY RECEIVABLE - KNIGHT OIL TOOLS

UNDETERMINED

77.2. INTERCOMPANY RECIEVABLE - TRIDRILL

UNDETERMINED

78. Total of part 11

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

UNDETERMINED

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?☒ No☐ Yes

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>	\$3,341.92	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$70,887.43	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,565,980.47	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$1,158,588.94	
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>	\$113,101.98	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$1,379,548.70	
88. Real property. <i>Copy line 56, Part 9.</i> →		UNDETERMINED
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i> +	UNDETERMINED	
91. Total. Add lines 80 through 90 for each column.91a.	\$4,291,449.44	+ 91b. UNDETERMINED
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$4,291,449.44

Fill in this information to identify the case:

Debtor name: Knight Manufacturing, LLC

United States Bankruptcy Court for the: Western District of Louisiana

Case number (if known): 17-51016

☐ 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**CAMERON STATE BANK
PO BOX 7980
LAKE CHARLES LA 70606-7980**Creditor's email address, if known**
_____**Date debt was incurred:** UNKNOWN**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: _____**Describe debtor's property that is subject to a lien**

UNSPECIFIED

Describe the lien

UCC-1 RECORDED 12/22/2000 IN LOUISIANA AS DOCUMENT # 105028; AMENDED 5/21/2004 BY DOCUMENT # 1027206; CONTINUATION RECORDED 12/5/2005 AS DOCUMENT # 1034676, 11/24/2010 AS DOCUMENT # 1064263 AND 6/24/2015 AS DOCUMENT # 10100576

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

UNDETERMINED UNDETERMINED

2.2. Creditor's name and address

CANTOR FITZGERALD SECURITIES, AS
ADMINISTRATIVE AGENT
110 EAST 59TH ST
NEW YORK NY 10022

Creditor's email address, if known

Date debt was incurred: 6/27/2013

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: _____

Describe debtor's property that is subject to a lien

ALL ASSETS

\$203,716,465.00 UNDETERMINED

Describe the lien

UCC-1 RECORDED 6/27/2013 IN LOUISIANA
AS DOCUMENT # 171391814; ASSIGNMENT
RECORDED 6/7/2016 AS DOCUMENT #
171428148

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

M
6250 NORTH RIVER RD
STE 2055
ROSEMONT IL 60018

Creditor's email address, if known

Date debt was incurred: 5/24/2017

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: _____

Describe debtor's property that is subject to a lien

UNSPECIFIED

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED 5/24/2017 IN LOUISIANA
AS DOCUMENT # 171438728

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

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

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

☒ Contingent

☒ Unliquidated

☒ Disputed

2.4. Creditor's name and addressMAZAK CORPORATION
8025 PRODUCTION DR
FLORENCE KY 41042**Creditor's email address, if known**
_____**Date debt was incurred:** 1/13/2012**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: _____**Describe debtor's property that is subject to a lien**

RIGHT, TITLE & INTEREST

UNDETERMINED UNDETERMINED

Describe the lienUCC-1 RECORDED 1/13/2012 IN LOUISIANA
AS DOCUMENT # 91171833**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**MAZAK CORPORATION
8025 PRODUCTION DR
FLORENCE KY 41042**Creditor's email address, if known**
_____**Date debt was incurred:** 5/18/2012**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: _____**Describe debtor's property that is subject to a lien**

RIGHT, TITLE & INTEREST

UNDETERMINED UNDETERMINED

Describe the lienUCC-1 RECORDED 5/18/2012 IN LOUISIANA
AS DOCUMENT # 91180510**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

2.6. Creditor's name and addressMAZAK CORPORATION
8025 PRODUCTION DR
FLORENCE KY 41042**Creditor's email address, if known**
_____**Date debt was incurred:** 9/17/2012**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: _____**Describe debtor's property that is subject to a lien**

UNSPECIFIED

UNDETERMINED UNDETERMINED

Describe the lienUCC-1 RECORDED 9/17/2012 IN LOUISIANA
AS DOCUMENT # 91189919**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**MAZAK CORPORATION
8025 PRODUCTION DR
FLORENCE KY 41042**Creditor's email address, if known**
_____**Date debt was incurred:** 9/24/2012**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: _____**Describe debtor's property that is subject to a lien**

UNSPECIFIED

UNDETERMINED UNDETERMINED

Describe the lienUCC-1 RECORDED 9/24/2012 IN LOUISIANA
AS DOCUMENT # 91190377**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

2.8. Creditor's name and address

MAZAK CORPORATION
8025 PRODUCTION DR
FLORENCE KY 41042

Creditor's email address, if known

Date debt was incurred: 1/11/2013

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: _____

Describe debtor's property that is subject to a lien

UNSPECIFIED

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED 1/11/2013 IN LOUISIANA
AS DOCUMENT # 91198145

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

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

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

☒ Contingent

☒ Unliquidated

☒ Disputed

2.9. Creditor's name and address

NLB CORPORATION
29830 BECK RD
WIXOM MI 48393

Creditor's email address, if known

Date debt was incurred: 5/11/2017

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: _____

Describe debtor's property that is subject to a lien

UNSPECIFIED

UNDETERMINED UNDETERMINED

Describe the lien

UCC-1 RECORDED 5/11/2017 IN LOUISIANA
AS DOCUMENT # 1171082

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

2.10. **Creditor's name and address**

TCF EQUIPMENT FINANCE
DIVISION OF TCF NATIONAL BANK
11100 WAYZATA BLVD
STE 801
MINNETONKA MN 55305

Creditor's email address, if known

Date debt was incurred: UNKNOWN

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: _____

Describe debtor's property that is subject to a lien

UNSPECIFIED

Describe the lien

UCC-1 AMENDMENT RECORDED
10/31/2014 IN LOUISIANA AS DOCUMENT #
1095235

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

UNDETERMINED UNDETERMINED

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$203,716,465.00**

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

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

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

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT SHIPMAN & GOODWIN LLP KIMBERLY COHEN; NATHAN PLOTKIN ONE CONSTITUTION PLAZA HARTFORD CT 06103-1919	Line 2.2	_____
3.2.	CLEARLAKE CAPITAL PARTNERS IV FINANCE, L.P. MCGLINCHEY STAFFORD, PLLC RUDY J. CERONE SARAH EDWARDS 601 POYDRAS ST 12TH FL NEW ORLEANS LA 70130	Line 2.2	_____
3.3.	CLEARLAKE CAPITAL PARTNERS IV FINANCE, L.P. VINSON & ELKINS LLP PAUL E. HEATH & BRAD FOXMAN 2001 ROSS AVE SUITE 3700 DALLAS TX 75201-2975	Line 2.2	_____

Debtor **Knight Manufacturing, LLC**

Case number (if known) **17-51016**

3.4. METAL ONE AMERICA INC
6250 N RIVER RD
STE 2055
ROSEMONT IL 60018

Line 2.3 _____

3.5. WELLS FARGO BANK, NATIONAL ASSOCIATION
1700 LINCOLN STREET, 3RD FLOOR
DENVER CO 80023

Line 2.2 _____

Fill in this information to identify the case:**Debtor name:** Knight Manufacturing, LLC**United States Bankruptcy Court for the:** Western District of Louisiana**Case number (if known):** 17-51016☐ 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 ACADIA PARISH PO DRAWER 309 CROWLEY LA 70527-03090	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number:	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 ACADIA PARISH TAX COLLECTOR P.O. BOX 600 CROWLEY LA 70527-0600	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2015-2016	Basis for the claim: AD VALOREM TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number:	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)			

2.3.	Priority creditor's name and mailing address ALABAMA DEPARTMENT OF REVENUE P.O. BOX 327790 MONTGOMERY AL 36132-7790 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.4.	Priority creditor's name and mailing address ALABAMA DEPARTMENT OF REVENUE SALES AND USE TAX DIVISION PO BOX 327790 MONTGOMERY AL 36132-7790 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.5.	Priority creditor's name and mailing address ALABAMA DEPT OF REVENUE P.O. BOX 327320 MONTGOMERY AL 36132-7320 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INCOME TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.6.	Priority creditor's name and mailing address ALASKA DEPARTMENT OF REVENUE P.O. BOX 110420 JUNEAU AK 99811-0420 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INCOME TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.7.	Priority creditor's name and mailing address ALASKA DEPT OF LABOR P.O. BOX 25509 JUNEAU AK 99802 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.8.	Priority creditor's name and mailing address ALLEN PARISH PO DRAWER 190 OBERLIN LA 70655 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.9.	Priority creditor's name and mailing address ANN HARRIS BENNETT (HARRIS CTY) HARRIS COUNTY TAX ASSESSOR PO BOX 4089 HOUSTON TX 77210-4089 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.10.	Priority creditor's name and mailing address ARIZONA DEPARTMENT OF REVENUE P.O. BOX 29010 PHOENIX AZ 85038-9010 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.11.	Priority creditor's name and mailing address ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION PO BOX 3861 LITTLE ROCK AR 72203-3861 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.12.	Priority creditor's name and mailing address ASCENSION PARISH PO BOX 1718 GONZALES LA 70707 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.13.	Priority creditor's name and mailing address ASCENSION PARISH SALES TAX AUTHORITY P.O. BOX 1718 GONZALES LA 70707 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.14.	Priority creditor's name and mailing address ASSUMPTION PARISH PO DRAWER 920 NAPOLEONVILLE LA 70390 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.15.	Priority creditor's name and mailing address AVOYELLES PARISH 221 TUNICA DRIVE MARKSVILLE LA 71351 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.16.	Priority creditor's name and mailing address BEAUREGARD PARISH PO BOX 639 DERIDDER LA 70634 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.17.	Priority creditor's name and mailing address BEINVILLE PARISH PO BOX 746 ARCADIA LA 71001 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.18.	Priority creditor's name and mailing address BOSSIER PARISH PO BOX 71313 BOSSIER CITY LA 71171-1313 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.19.	Priority creditor's name and mailing address BUREAU OF OCEAN ENERGY MANAGEMENT REGULATION AND ENFORCEMENT 1201 ELMWOOD PARK BLVD NEW ORLEANS LA 70123-2394 Date or dates debt was incurred VARIOUS Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SEVERANCE AND ENVIRONMENTAL TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.20.	Priority creditor's name and mailing address BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT 1201 ELMWOOD PARK BLVD NEW ORLEANS LA 70123-2394 Date or dates debt was incurred VARIOUS Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SEVERANCE AND ENVIRONMENTAL TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.21.	Priority creditor's name and mailing address CADDO PARISH PO BOX 104 SHREVEPORT LA 71161 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.22.	Priority creditor's name and mailing address CADDO-SHREVEPORT SALES & USE TAX COMMISSION P.O. BOX 104 SHREVEPORT LA 71161 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.23.	Priority creditor's name and mailing address CALCASIEU PARISH PO DRAWER 2050 LAKE CHARLES LA 70602 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.24.	Priority creditor's name and mailing address CALCASIEU PARISH SALES & USE TAX DEPT P. O. DRAWER 2050 LAKE CHARLES LA 70602-2050	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25.	Priority creditor's name and mailing address CALIFORNIA EMPLOYMENT DEVELOPMENT 800 CAPITOL MALL SACRAMENTO CA 95812	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26.	Priority creditor's name and mailing address CANADIAN COUNTY - CAROLYN LECK 201 N. CHOCTAW EL RENO OK 73036-2679	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2015-2016	Basis for the claim: AD VALOREM TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.27.	Priority creditor's name and mailing address CITY AND COUNTY OF DENVER P.O. BOX 17420 DENVER CO 80217-0420 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.28.	Priority creditor's name and mailing address CITY OF BROUSSARD 310 EAST MAIN ST. BROUSSARD LA 70518 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.29.	Priority creditor's name and mailing address CITY OF HOBBS 200 E. BROADWAY HOBBS NM 88240 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.30.	Priority creditor's name and mailing address CITY OF NAPLES 1420 EAST 2850 SOUTH NAPLES UT 84078 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.31.	Priority creditor's name and mailing address CITY OF NEW ORLEANS- DEPT OF REV. P.O. BOX 61840 NEW ORLEANS LA 70161-1840 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.32.	Priority creditor's name and mailing address CITY OF RAYNE P.O. BOX 69 RAYNE LA 70578-0069 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.33.	Priority creditor's name and mailing address CLAIBORNE PARISH PO BOX 600 HOMER LA 71040-0600 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.34.	Priority creditor's name and mailing address COLLECTOR, CLAIRBORNE PARISH SALES TAX DEPT P.O. BOX 600 HOMER LA 71040 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.35.	Priority creditor's name and mailing address COLORADO DEPARTMENT OF REVENUE 1375 SHERMAN STREET DENVER CO 80261 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WITHHOLDING TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.36.	Priority creditor's name and mailing address COLORADO DEPARTMENT OF REVENUE 1375 SHERMAN ST DENVER CO 80261	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37.	Priority creditor's name and mailing address COLORADO DEPT OF LABOR AND EMP 251 E 12TH AVENUE DENVER CO 80203-2272	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38.	Priority creditor's name and mailing address COMPTROLLER OF PUBLIC ACCOUNTS P.O. BOX 149348 AUSTIN TX 78417-9348	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: INCOME TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.39.	Priority creditor's name and mailing address COMPTROLLER OF PUBLIC ACCOUNTS P.O. BOX 149355 AUSTIN TX 78714-9355 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.40.	Priority creditor's name and mailing address CONCORDIA PARISH PO BOX 160 VIDALIA LA 71373 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.41.	Priority creditor's name and mailing address COTULLA ISD TAX OFFICE 310 N. MAIN STREET COTULLA TX 78014-2153 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.42.	Priority creditor's name and mailing address CYPRESS FAIRBANKS P.O. BOX 203908 HOUSTON TX 77216-3908 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.43.	Priority creditor's name and mailing address DALLAS COUNTY TAX OFFICE P.O. BOX 139033 DALLAS TX 75313-9033 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.44.	Priority creditor's name and mailing address DEPARTMENT OF FINANCE 201 W. COLFAX AVE DENVER CO 80202 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.45.	Priority creditor's name and mailing address DEPARTMENT OF FINANCE & ADMINISTRATION P.O. BOX 3861 LITTLE ROCK AR 72203-3861 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: EXCISE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.46.	Priority creditor's name and mailing address DEPARTMENT OF INTERIOR 1849 C STREET, N.W. WASHINGTON DC 20240 Date or dates debt was incurred VARIOUS Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SEVERANCE AND ENVIRONMENTAL TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.47.	Priority creditor's name and mailing address DESOTO PARISH PO BOX 927 MANSFIELD LA 71052 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.48.	Priority creditor's name and mailing address DESOTO PARISH (SHERIFF ARBUCKLE) 205 FRANKLIN ST MANSFIELD LA 71052-2944	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2015-2016	Basis for the claim: AD VALOREM TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.49.	Priority creditor's name and mailing address DESOTO PARISH SALES AND USE TAX COMMISSION P.O. BOX 927 MANSFIELD LA 71052	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.50.	Priority creditor's name and mailing address DONNA DUNCAN, LEA COUNTY 100 N. MAIN SUITE 3-C LOVINGTON NM 88260-4000	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2015-2016	Basis for the claim: AD VALOREM TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.51.	Priority creditor's name and mailing address DORA GONZALES - LASALLE COUNTY P.O. BOX 737 COTULLA TX 78014-0737 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.52.	Priority creditor's name and mailing address EAST BATON ROUGE PARISH PO BOX 2590 BATON ROUGE LA 70821-2590 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.53.	Priority creditor's name and mailing address EAST FELICIANA PARISH PO BOX 397 CLINTON LA 70722 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.54.	Priority creditor's name and mailing address ECTOR COUNTY APPRAISAL DISTRICT 1301 EAST EIGHTH STREET ODESSA TX 79761-4634	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2015-2016	Basis for the claim: AD VALOREM TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.55.	Priority creditor's name and mailing address EVANGELINE PARISH PO BOX 367 VILLE PLATTE LA 70586	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56.	Priority creditor's name and mailing address FLORIDA DEPARTMENT OF REVENUE 5050 W. TENNESSEE ST. TALLAHASSEE FL 32399-0100	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.57.	Priority creditor's name and mailing address FLORIDA DEPARTMENT OF REVENUE P.O. BOX 6198 TALLAHASSEE FL 32314-6198 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.58.	Priority creditor's name and mailing address FRANKLIN PARISH PO BOX 337 WINNSBORO LA 71295 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.59.	Priority creditor's name and mailing address GRANT PARISH PO BOX 187 COLFAX LA 417 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.60.	Priority creditor's name and mailing address GRIMES COUNTY APPRAISAL DIST PO BOX 489 ANDERSON TX 77830-0489 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.61.	Priority creditor's name and mailing address IBERIA PARISH PO BOX 9770 NEW IBERIA LA 70562 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.62.	Priority creditor's name and mailing address IBERIA PARISH GOVERNMENT 300 IBERIA STREET, STE 400 NEW IBERIA LA 70560-4543 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.63.	Priority creditor's name and mailing address IBERIA PARISH SCHOOL BOARD P.O. BOX 9770 NEW IBERIA LA 70562-9770 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.64.	Priority creditor's name and mailing address IBERIA PARISH TAX COLLECTOR 300 IBERIA STREET-SUITE 120 NEW IBERIA LA 70560-4584 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.65.	Priority creditor's name and mailing address IBERVILLE PARISH PO BOX 355 PLAQUEMINES LA 70765-0355 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.66.	Priority creditor's name and mailing address IBERVILLE PARISH SALES TAX DEPT P.O. BOX 355 PLAQUEMINE LA 70765-0355 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.67.	Priority creditor's name and mailing address IDAHO STATE TAX COMMISSION PO BOX 36 BOISE ID 83722-0410 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.68.	Priority creditor's name and mailing address IOWA DEPARTMENT OF REVENUE P.O. BOX 10412 DES MOINES IA 50306-0412 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.69.	Priority creditor's name and mailing address IRS (INTERNAL REVENUE SERVICE) 10TH ST AND PENNSYLVANIA AVE NW WASHINGTON DC 20530 Date or dates debt was incurred VARIOUS Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INCOME TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.70.	Priority creditor's name and mailing address JACKSON PARISH PO BOX 666 JONESBORO LA 71251-0666 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.71.	Priority creditor's name and mailing address JEFFERSON DAVIS PARISH PO BOX 1161 JENNINGS LA 70546-1161 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.72.	Priority creditor's name and mailing address JEFFERSON PARISH GENERAL SALES PO BOX 248 GRETN LA 70054 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.73.	Priority creditor's name and mailing address JIM WELLS COUNTY - ALICE, TX P.O. BOX 607 ALICE TX 78333-0607 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.74.	Priority creditor's name and mailing address KANSAS DEPARTMENT OF REVENUE 915 SW HARRISON ST. TOPEKA KS 66612-1588 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.75.	Priority creditor's name and mailing address KENAI PENINSULA BOROUGH P.O. BOX 3040 SOLDOTNA AK 99669-3040 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.76.	Priority creditor's name and mailing address KENAI PENINSULA BOROUGH 144 N. BINKLEY SOLDOTNA AK 99669-7520 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.77.	Priority creditor's name and mailing address LAFAYETTE PARISH P. O. BOX 52667 LAFAYETTE LA 70505-2667 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.78.	Priority creditor's name and mailing address LAFAYETTE PARISH SCHOOL BOARD PO BOX 3883 LAFAYETTE LA 70502	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.79.	Priority creditor's name and mailing address LAFAYETTE PARISH SCHOOL SYSTEM 41 EAST VERMILLION ST. LAFAYETTE LA 70501	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.80.	Priority creditor's name and mailing address LAFAYETTE PARISH SCHOOL SYSTEMS SALES TAX 411 EAST VERMILION STREET LAFAYETTE LA 70502	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.81.	Priority creditor's name and mailing address LAFOURCHE PARISH PO BOX 54585 NEW ORLEANS LA 70154 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.82.	Priority creditor's name and mailing address LAFOURCHE PARISH SALES TAX PO BOX 54585 NEW ORLEANS LA 70154 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.83.	Priority creditor's name and mailing address LAFOURCHE PARISH SCHOOL BOARD P.O. BOX 997 THIBODAU LA 70302 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.84.	Priority creditor's name and mailing address LASALLE PARISH PO BOX 190 VIDALIA LA 71373 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.85.	Priority creditor's name and mailing address LINCOLN PARISH PO BOX 863 RUSTON LA 71273 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.86.	Priority creditor's name and mailing address LINCOLN PARISH SALES & USE TAX COMMISSION P.O. BOX 863 RUSTON LA 71273-0863 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.87.	Priority creditor's name and mailing address LIVINGSTON PARISH PO BOX 1030 LIVINGSTON LA 70754 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.88.	Priority creditor's name and mailing address LOUISIANA DEPARTMENT OF REVENUE P.O. BO 201 BATON ROUGE LA 70802 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.89.	Priority creditor's name and mailing address LOUISIANA DEPARTMENT OF REVENUE P.O. BOX 91011 BATON ROUGE LA 70821-9011 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INCOME TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.90.	Priority creditor's name and mailing address LOUISIANA DEPT OF REVENUE P.O. BOX 201 BATON ROUGE LA 70821-0201 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WITHHOLDING TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.91.	Priority creditor's name and mailing address LOUISIANA OFFICE OF EMPLOYMENT P.O. BOX 94186 BATON ROUGE LA 70804-9186 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.92.	Priority creditor's name and mailing address MANSFIELD BORO 546 WENDEL ROAD IRWIN PA 15642-4582 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WITHHOLDING TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.93.	Priority creditor's name and mailing address MIDLAND CENTRAL APPRAISAL DISTRICT P.O. BOX 908002 MIDLAND TX 79708-8002 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.94.	Priority creditor's name and mailing address MIKE SULLIVAN - HOUSTON PO BOX 4622 HOUSTON TX 77210-4622 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.95.	Priority creditor's name and mailing address MINNESOTA DEPT OF REVENUE P.O. BOX 66117 SAINT PAUL MN 55166-0005 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WITHHOLDING TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.96.	Priority creditor's name and mailing address MISSISSIPPI DEPARTMENT OF REVENUE P.O. BOX 960 JACKSON MS 39205-0960 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.97.	Priority creditor's name and mailing address MISSISSIPPI SECRETARY OF STATE P.O. BOX 1020 JACKSON MS 39215-1020 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.98.	Priority creditor's name and mailing address MISSISSIPPI STATE TAX COMMISSION PO BOX 1033 JACKSON MS 39205 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.99.	Priority creditor's name and mailing address MONTANA DEPARTMENT OF LABOR P.O. BOX 6339 HELENA MT 59604-6339 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.100.	Priority creditor's name and mailing address MONTANA DEPARTMENT OF REVENUE P.O. BOX 8021 HELENA MT 59604-8021 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INCOME TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.101.	Priority creditor's name and mailing address MONTANA DEPARTMENT OF REVENUE BOX 5835 HELENA MT 59604-5835 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WITHHOLDING TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.102.	Priority creditor's name and mailing address MONTGOMERY COUNTY - WOODLANDS P. O. BOX 4798 HOUSTON TX 77210-4798 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.103.	Priority creditor's name and mailing address NATCHITOCHES PARISH PO BOX 639 NATCHITOCHES LA 71458-0639 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.104.	Priority creditor's name and mailing address ND OFFICE OF STATE TAX COMMISSIONER 600 E. BOULEVARD AVE. BISMARCK ND 58505-0599 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.105.	Priority creditor's name and mailing address NEBRASKA DEPARTMENT OF REVENUE P.O. BOX 94818 LINCOLN NE 68509-4818 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
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2.106.	Priority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION PO BOX 52609 PHOENIX AZ 85072-2609 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.107.	Priority creditor's name and mailing address NEW MEXICO DEPT OF WORKFORCE BOX 2281 ALBUQUERQUE NM 87103 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.108.	Priority creditor's name and mailing address NEW MEXICO REVENUE PROCESSING P.O. BOX 630 SANTA FE NM 87504-0630 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WITHHOLDING TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.109.	Priority creditor's name and mailing address NM TAXATION AND REVENUE DEPARTMENT P.O BOX 25127 SANTA FE NM 87504-5127 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INCOME TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.110.	Priority creditor's name and mailing address NM TAXATION AND REVENUE DEPT. P.O. BOX 25128 SANTA FE NM 87504-5128 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.111.	Priority creditor's name and mailing address NORTH DAKOTA JOB SERVICES 1000 EAST DIVIDE AVENUE BISMARCK ND 58506 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.112.	Priority creditor's name and mailing address NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER 600 E. BOULEVARD AVE. DEP BISMARCK ND 58505-0599 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.113.	Priority creditor's name and mailing address NORTH DAKOTA STATE TAX COMMISSION STATE CAPITOL BISMARCK ND 58505 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WITHHOLDING TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.114. Priority creditor's name and mailing address NUECES COUNTY - CORPUS P.O. BOX 2810 CORPUS CHRISTI TX 78403-2810 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.115. Priority creditor's name and mailing address NYS EMPLOYMENT TAXES P.O. BOX 4119 BINGHAMTON NY 13902-4119 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
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Nonpriority amount									
UNDETERMINED									
2.116. Priority creditor's name and mailing address OFFICE OF MGMT & FINANCE P.O. BOX 66909 BATON ROUGE LA 70896 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
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Nonpriority amount									
UNDETERMINED									

2.117.	Priority creditor's name and mailing address OFFICE OF NATURAL RESOURCES REVENUE PO BOX 25165 DENVER CO 80225-0165 Date or dates debt was incurred VARIOUS Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SEVERANCE AND ENVIRONMENTAL TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
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Nonpriority amount										
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2.118.	Priority creditor's name and mailing address OHIO DEPARTMENT OF TAXATION P.O. BOX 16560 COLUMBUS OH 43216-6560 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.119.	Priority creditor's name and mailing address OHIO DEPARTMENT OF TAXATION P.O. BOX 2476 COLUMBUS OH 73266-0076 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WITHHOLDING TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.120.	Priority creditor's name and mailing address OKLAHOMA COUNTY TREASURER P.O. BOX 268875 OKLAHOMA CITY OK 73126-8875 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.121.	Priority creditor's name and mailing address OKLAHOMA EMPLOYMENT SECURITY COMM 2401 N LINCOLN BLD OKLAHOMA CITY OK 73105-4495 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.122.	Priority creditor's name and mailing address OKLAHOMA TAX COMMISSION P.O. BOX 26800 OKLAHOMA CITY OK 73126-0800 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INCOME TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.123.	Priority creditor's name and mailing address OKLAHOMA TAX COMMISSION WITHHOLDING TAX DIVISION OKLAHOMA CITY OK 73194 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: WITHHOLDING TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.124.	Priority creditor's name and mailing address OKLAHOMA TAX COMMISSION 2501 NORTH LINCOLN BLVD OKLAHOMA CITY OK 73126-9045 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.125.	Priority creditor's name and mailing address ORLEANS PARISH 1300 PERDIDO STREET, ROOM 1W15 NEW ORLEANS LA 70112 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.126. Priority creditor's name and mailing address PA DEPARTMENT OF REVENUE P.O. BOX 280406 HARRISBURG PA 17128-0406 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.127. Priority creditor's name and mailing address PARISH OF ACADIA- SALES & USE TAX DEPT. P.O. DRAWER 309 CROWLEY LA 70527-3664 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.128. Priority creditor's name and mailing address PARISH OF CONCORDIA P.O. BOX 160 VIDALIA LA 71373 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

2.129.	Priority creditor's name and mailing address PARISH OF ST. BERNARD P.O. BOX 168 CHALMETTE LA 70044 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.130.	Priority creditor's name and mailing address PARISH OF TERREBONNE P.O. BOX 670 HOUMA LA 70361-0670 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.131.	Priority creditor's name and mailing address PENNSYLVANIA DEPARTMENT OF REVENUE P.O. BOX 280422 HARRISBURG PA 17128-0422 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INCOME TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.132.	Priority creditor's name and mailing address PENNSYLVANIA DEPT OF LABOR SEVENTH & FORSTER STREETS HARRISBURG PA 17121	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.133.	Priority creditor's name and mailing address PENNSYLVANIA DEPT OF REVENUE BUREAU OF ACCOUNTS HARRISBURG PA 17127	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: WITHHOLDING TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.134.	Priority creditor's name and mailing address PLAQUEMINES PARISH 8056 HWY. 23 SUITE 301A BELLE CHASSE LA 70037	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.135.	Priority creditor's name and mailing address POINTE COUPE PARISH SALES AND USE TAX DEPT P.O. BOX 290 NEW ROADS LA 70760 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.136.	Priority creditor's name and mailing address POINTE COUPEE PARISH PO BOX 290 NEW ROADS LA 70760 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.137.	Priority creditor's name and mailing address QUACHITA PARISH PO BOX 123 MONROE LA 71210-0123 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.138.	Priority creditor's name and mailing address RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION 1701 N CONGRESS AUSTIN TX 78701	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SEVERANCE AND ENVIRONMENTAL TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.139.	Priority creditor's name and mailing address RAPIDES PARISH PO BOX 671 ALEXANDRIA LA 71309	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.140.	Priority creditor's name and mailing address RED RIVER PARISH PO BOX 570 COUSHATTA LA 71019	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.141.	Priority creditor's name and mailing address RED RIVER TAX AGENCY P.O. BOX 570 COUSHATTA LA 71019-0570 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.142.	Priority creditor's name and mailing address RICHLAND PARISH PO BOX 688 RAYVILLE LA , LA 71269 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.143.	Priority creditor's name and mailing address ROBB SLAUGHTER, SWEETWATER CTY 80 W. FLAMING GORGE WAY STE.139 GREEN RIVER WY 82935-4246 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.144.	Priority creditor's name and mailing address SABINE PARISH PO BOX 249 MANY LA 71449-0249 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.145.	Priority creditor's name and mailing address SABINE PARISH SALES AND USE TAX COMMISSION P.O. BOX 249 MANY LA 71449 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.146.	Priority creditor's name and mailing address SALES TAX DIVISION- VERMILION PARISH SCHOOL BOARD P.O. DRAWER 1508 ABBEVILLE LA 70511-0520 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.147. Priority creditor's name and mailing address SAN JUAN COUNTY TREASURER P.O. BOX 880 AZTEC NM 87410-0880 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.148. Priority creditor's name and mailing address SECRETARY OF STATE P.O. BOX 83720 BOISE ID 83720-0080 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.149. Priority creditor's name and mailing address SECRETARY OF STATE P.O. BOX 94125 BATON ROUGE LA 70804-9125 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

2.150.	Priority creditor's name and mailing address SECRETARY OF STATE P.O. BOX 5513 BISMARCK ND 58506-5513 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.151.	Priority creditor's name and mailing address SHERIFF JERRY LARPENTER, HOUMA 424 ROUSELL ST HOUMA LA 70360-4552 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.152.	Priority creditor's name and mailing address SHERIFF STEVEN MCCAIN P.O. BOX 187 COLFAX LA 71417 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.153.	Priority creditor's name and mailing address SOUTH DAKOTA DEPARTMENT OF REVENUE 445 EAST CAPITAL AVE PIERRE SD 57501-3185 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.154.	Priority creditor's name and mailing address ST. BERNARD PARISH PO BOX 168 CHALMETTE LA 70044 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.155.	Priority creditor's name and mailing address ST. CHARLES PARISH 13855 RIVER ROAD LULING LA 70070 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.156.	Priority creditor's name and mailing address ST. HELENA PARISH PO BOX 1205 GREENSBURG LA 70441	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.157.	Priority creditor's name and mailing address ST. JAMES PARISH PO BOX 368 LUTCHER LA 70071-0368	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.158.	Priority creditor's name and mailing address ST. JOHN PARISH PO BOX 2066 LAPLACE LA 70069-2066	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.159.	Priority creditor's name and mailing address ST. LANDRY PARISH PO BOX 1210 OPELOUSAS LA 70571-1210 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.160.	Priority creditor's name and mailing address ST. MARTIN PARISH PO BOX 1000 BREAUX BRIDGE LA 70517 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.161.	Priority creditor's name and mailing address ST. MARTIN PARISH SCHOOL BOARD P.O. BOX 1000 BREAUX BRIDGE LA 70517 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.162.	Priority creditor's name and mailing address ST. MARTIN PARISH SHERIFF P.O. BOX 247 ST. MARTINVILLE LA 70582-0247 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.163.	Priority creditor's name and mailing address ST. MARTIN PARISH TAX COLLECTOR P. O. BOX 247 ST. MARTINVILLE LA 70582 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.164.	Priority creditor's name and mailing address ST. MARY PARISH PO DRAWER 1279 MORGAN CITY LA 70381 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.165.	Priority creditor's name and mailing address ST. MARY PARISH SALES & USE TAX DEPT P.O. DRAWER 1279 MORGAN CITY LA 70381	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.166.	Priority creditor's name and mailing address ST. TAMMANY SALES & DELIVERIES PO BOX 1229 SLIDELL LA 70459	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.167.	Priority creditor's name and mailing address STATE OF FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST TALLAHASSEE FL 32399-0100	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.168.	Priority creditor's name and mailing address STATE OF KANSAS DEPARTMENT OF REVENUE 915 SW HARRISON STREET TOPEKA KS 66625-5000 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.169.	Priority creditor's name and mailing address STATE OF NEVADA- SALES/USE P.O. BOX 52609 PHOENIX AZ 85072-2609 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.170.	Priority creditor's name and mailing address STATE OF NEW MEXICO-TAXATION AND REVENUE DEPARTMENT PO BOX 25128 SANTA FE NM 87504-5128 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.171. Priority creditor's name and mailing address STATE OF OHIO DEPARTMENT OF TAXATION PO BOX 2678 COLUMBUS OH 43216-2678 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.172. Priority creditor's name and mailing address STATE OF WEST VIRGINIA PO BOX 3784 CHARLESTON WV 25337-3784 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.173. Priority creditor's name and mailing address STATE TAX COMMISSIONER 600 E BOULEVARD AVE DEPT 127 BISMARCK ND 58505-0599 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INCOME TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

2.174. Priority creditor's name and mailing address TANGIPAHOA PARISH PO BOX 159 AMITE LA 70422 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.175. Priority creditor's name and mailing address TENSAS PARISH PO BOX 430 VIDALIA LA 71373 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.176. Priority creditor's name and mailing address TERREBONNE PARISH PO BOX 670 HOUMA LA 70361-0670 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

2.177. Priority creditor's name and mailing address TEXAS COMPTROLLER PO BOX 13528 AUSTIN TX 78711-3528 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.178. Priority creditor's name and mailing address TEXAS COMPTROLLER'S OFFICE PO BOX 13528 AUSTIN TX 78711-3528 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: FRANCHISE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.179. Priority creditor's name and mailing address TEXAS GENERAL LAND OFFICE 1700 CONGRESS AVE AUSTIN TX 78701-1495 Date or dates debt was incurred VARIOUS Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SEVERANCE AND ENVIRONMENTAL TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

2.180.	Priority creditor's name and mailing address TEXAS WORKFORCE COMMISSION 101 E 15TH STREET AUSTIN TX 78778-0001	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.181.	Priority creditor's name and mailing address TOWANDA TWP P.O. BOX 25132 LEHIGH VALLEY PA 18002	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: WITHHOLDING TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.182.	Priority creditor's name and mailing address UNION PARISH PO BOX 903 RUSTON LA 71273	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.183.	Priority creditor's name and mailing address UNION PARISH SALES AND USE TAX COMMISSION P.O. BOX 903 RUSTON LA 71273-0903 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.184.	Priority creditor's name and mailing address UNITED STATE TREASURY PO BOX 804525 CINCINNATI OH 45280-4525 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.185.	Priority creditor's name and mailing address UTAH DEPT OF EMPLOYMENT P.O. BOX 11249 SALT LAKE CITY UT 84147 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.186.	Priority creditor's name and mailing address UTAH STATE TAX COMMISSION 210 NORTH 1950 WEST SALT LAKE CITY UT 84134-0300	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: INCOME TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.187.	Priority creditor's name and mailing address UTAH STATE TAX COMMISSION 210 N 1950 W SALT LAKE CITY UT 84134-0400	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.188.	Priority creditor's name and mailing address UTAH STATE TAX COMMISSION 210 N 1950 W SALT LAKE CITY UT 84134	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.189.	Priority creditor's name and mailing address UTERO COMMISSION P.O. BOX 400 FORT DUCHESNE UT 84026 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.190.	Priority creditor's name and mailing address VERMILION PARISH PO BOX 1508 ABBEVILLE LA 70511-1508 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
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Nonpriority amount										
UNDETERMINED										
2.191.	Priority creditor's name and mailing address VERMILION PARISH SCHOOL BOARD PO DRAWER 1508 ABBEVILLE LA 70511-1508 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.192.	Priority creditor's name and mailing address VERNON PARISH 117 BELVIEW ROAD LEESVILLE LA 71446	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.193.	Priority creditor's name and mailing address VERNON PARISH SALES TAX DEPT. 117 BELVIEW RD LEESVILLE LA 71466	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.194.	Priority creditor's name and mailing address WALTON COUNTY TAX COLLECTOR 571 E NELSON AVE DEFUNIAK SPRINGS FL 32433	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2015-2016	Basis for the claim: AD VALOREM TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.195.	Priority creditor's name and mailing address WASHINGTON PARISH PO BOX 508 FRANKLINTON LA 70438 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.196.	Priority creditor's name and mailing address WASHINGTON PARISH SHERIFF'S OFFICE SALES TAX P.O. DRAWER 508 FRANKLINTON LA 70438 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.197.	Priority creditor's name and mailing address WELD COUNTY TREASURER P. O. BOX 458 GREELEY CO 80632-0458 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<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;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.198.	Priority creditor's name and mailing address WENDI LONG, UNINTAH COUNTY 152 E 100 NORTH VERNAL UT 84078-2110 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.199.	Priority creditor's name and mailing address WEST BATON ROUGE PARISH PO BOX 863 PORT ALLEN LA 70767 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.200.	Priority creditor's name and mailing address WEST FELICIANA PARISH PO BOX 1910 ST. FRANCISVILLE LA 70775 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SALES & USE TAX 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>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

2.201.	Priority creditor's name and mailing address WEST VIRGINIA STATE DEPARTMENT P.O. BOX 11425 CHARLESTON WV 25339-1425 Date or dates debt was incurred 2013-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LICENSE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.202.	Priority creditor's name and mailing address WILLIAMS COUNTY TREASURER P.O. BOX 2047 WILLISTON ND 58802-2047 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.203.	Priority creditor's name and mailing address WOODLANDS METRO CENTER MUD PO BOX 7829 THE WOODLANDS TX 77387-7829 Date or dates debt was incurred 2015-2016 Last 4 digits of account number: 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: AD VALOREM TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

2.204.	Priority creditor's name and mailing address WYOMING DEPARTMENT OF REVENUE 122 W 25TH ST 2W CHEYENNE WY 82002	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.205.	Priority creditor's name and mailing address WYOMING DEPT OF EMPLOYMENT P.O. BOX 2760 CASPER WY 82602	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: STATE UNEMPLOYMENT INSURANCE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.206.	Priority creditor's name and mailing address WYOMING DEPT OF REVENUE 122 W 25TH, 2W CHEYENNE WY 82002-0110	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	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred 2013-2016	Basis for the claim: SALES & USE TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.207. **Priority creditor's name and mailing address**

WYOMING SECRETARY OF STATE
2020 CAREY AVE, STE 700
CHEYENNE WY 82005-0020

Date or dates debt was incurred

2013-2016

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

LICENSE TAX

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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 24 WATERWAY, LLC 24 WATERWAY AVE., STE 225 THE WOODLANDS TX 77380-3446	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Amount of claim \$159,051.27
Date or dates debt was incurred 	Basis for the claim: LITIGATION JUDGMENT	
Last 4 digits of account number: 	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2. Nonpriority creditor's name and mailing address 3C INDUSTRIAL, LLC. PO BOX 60233 CORPUS CHRISTI TX 78466-0233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,287.86
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number: 	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3. Nonpriority creditor's name and mailing address 4M RENTALS & REPAIR, INC. P.O. BOX 523 SCOTT LA 70583-0523	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$615.60
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number: 	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.4.	Nonpriority creditor's name and mailing address A. M. CASTLE & CO. CANADA INC. P. O. BOX 4090 STN A TORONTO ON M5W 0E9 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,289.98
3.5.	Nonpriority creditor's name and mailing address ACADIANA BEARING CO. P. O. BOX 540757 DALLAS TX 75354-0757 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$266.03
3.6.	Nonpriority creditor's name and mailing address ACADIANA COATINGS & SUPPLY 925 RIDGE ROAD DUSON LA 70529-4318 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,628.46

3.7.	Nonpriority creditor's name and mailing address ACADIANA COATINGS AND SUPPLY INC LAW OFFICE OF WILLIAM T BABIN WILLIAM T BABIN 405 WEST CONVENT ST LAFAYETTE LA 70501 Date or dates debt was incurred VARIOUS 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 # 20173625 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.8.	Nonpriority creditor's name and mailing address ACADIANA RUBBER & GASKET P.O. BOX 3704 LAFAYETTE LA 70502-3704 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,626.73
3.9.	Nonpriority creditor's name and mailing address ACADIANA'S OFFICE PRODUCTS P.O. BOX 81857 LAFAYETTE LA 70598-1857 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,637.00

3.10.	Nonpriority creditor's name and mailing address ACCUMULATORS, INC. DEPT. #9002 PO BOX 4726 HOUSTON TX 77210-4726 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,255.00
3.11.	Nonpriority creditor's name and mailing address ACME TRUCK LINE, INC. P.O. BOX 415000 NASHVILLE TN 37241-5000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,090.80
3.12.	Nonpriority creditor's name and mailing address ADDCO OFFICE SYSTEMS, INC. P.O. BOX 80823 BILLINGS MT 59108-0825 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$114.48

3.13.	Nonpriority creditor's name and mailing address ADVANCED GRAPHIC ENGRAVING, LLC 3105 MELANCON ROAD BROUSSARD LA 70518-8252 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,458.27
3.14.	Nonpriority creditor's name and mailing address ADVANCED MOLDING SOLUTIONS, LLC P.O. BOX 176 PATTERSON LA 70392-0176 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,246.10
3.15.	Nonpriority creditor's name and mailing address ADVANCED PRESSURE SYSTEMS 701 S. PERSIMMON, STE 85 TOMBALL TX 77375-6876 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$91.00

3.16.	Nonpriority creditor's name and mailing address ADVANCED SAFETY AND TRAINING MANAGEMENT, LLC 2725 SE EVANGELINE THRUWAY LAFAYETTE LA 70508 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.17.	Nonpriority creditor's name and mailing address AIR COMPRESSOR SOLUTIONS INC 3001 KERMIT HIGHWAY ODESSA TX 79764-7306 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,032.86
3.18.	Nonpriority creditor's name and mailing address AIRGAS USA, LLC P.O. BOX 676015 DALLAS TX 75267-6015 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,215.34

3.19.	Nonpriority creditor's name and mailing address AIRGAS USA, LLC P.O. BOX 676031 DALLAS TX 75267-6031 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$774.18
3.20.	Nonpriority creditor's name and mailing address AIT MACHINE, LLC P. O. BOX 32 BROUSSARD LA 70518-0032 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,578.50
3.21.	Nonpriority creditor's name and mailing address ALAMO GLASS COMPANY, INC. 1220 BERTRAND DRIVE LAFAYETTE LA 70506-4112 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$803.14

3.22.	Nonpriority creditor's name and mailing address ALBION INDUSTRIES, INC. P.O. BOX 98709 CHICAGO IL 60693-8709 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$641.20
3.23.	Nonpriority creditor's name and mailing address ALICE PEST CONTROL 101 N. FLOURNOY ROAD ALICE TX 78332-4191 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$504.99
3.24.	Nonpriority creditor's name and mailing address ALLEN GAUGE & TOOL CO., INC P.O. BOX 8647 PITTSBURGH PA 15221-0647 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16.57

3.25.	Nonpriority creditor's name and mailing address ALLEN INSPECTION SERVICES, INC P. O. BOX 583 MILLS WY 82644-0583 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,180.00
3.26.	Nonpriority creditor's name and mailing address AMERICAN EAGLE LOGISTICS P.O. BOX 3307 LAFAYETTE LA 70502-3307 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,164.00
3.27.	Nonpriority creditor's name and mailing address AMERICAN HIGH PERFORMANCE SEALS, IN 408 HIGH TECH DRIVE OAKDALE PA 15071-3912 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$285.44

3.28.	Nonpriority creditor's name and mailing address AMERIGAS PROPANE LP P.O. BOX 660288 DALLAS TX 75266-0288 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$807.97
3.29.	Nonpriority creditor's name and mailing address AMERIPRIDE LINEN AND APPAREL SERVIC P.O. BOX 2020 BEMIDJI MN 56619-2020 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,970.18
3.30.	Nonpriority creditor's name and mailing address AQUAJET ABRASIVE CUTTING 2103 AMERICAN WAY PORT ALLEN LA 70767-6006 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$24,386.00

3.31.	Nonpriority creditor's name and mailing address AT&T P.O. BOX 105414 ATLANTA GA 30348-5414 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$348.34
3.32.	Nonpriority creditor's name and mailing address ATS WORKHOLDING, INC. 30222 ESPERANZA RSM CA 92688-2121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$790.00
3.33.	Nonpriority creditor's name and mailing address B & M OILFIELD SUPPLY & RENTAL P.O. BOX 400 BROUSSARD LA 70518-0400 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$411.26

3.34.	Nonpriority creditor's name and mailing address B & T INC. P.O. BOX 124 ROCK SPRINGS WY 82902-0124 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,860.00
3.35.	Nonpriority creditor's name and mailing address BABINEAUX PEST MANAGEMENT SVCS P.O. BOX 51 MILTON LA 70558-0051 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$740.00
3.36.	Nonpriority creditor's name and mailing address BALL-MONTEZ ELECTRIC INC. P.O. BOX 1576 ALICE TX 78333-1576 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$105.54

3.37.	Nonpriority creditor's name and mailing address BAY AREA/ GENERAL CRANE SVC. 4206 WELSOW HOUSTON TX 78374-2934 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,362.87
3.38.	Nonpriority creditor's name and mailing address BEARING SERVICE & SUPPLY P.O. BOX 7497 SHREVEPORT LA 71137-7497 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,021.25
3.39.	Nonpriority creditor's name and mailing address BLUE RIBBON FASTENERS 8220 KIMBALL AVENUE SKOKIE IL 60076-2976 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,988.66

3.40.	Nonpriority creditor's name and mailing address BORDER STEEL P.O. BOX 2139 WILLISTON ND 58802-2139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$427.56
3.41.	Nonpriority creditor's name and mailing address BUFFALO CHEMICAL COMPANY INC P. O. BOX 3021 LAFAYETTE LA 70502-3021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$937.30
3.42.	Nonpriority creditor's name and mailing address BUMPER TO BUMPER P.O. BOX 111 LITTLE ROCK AR 72203-0111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$95.46

3.43.	Nonpriority creditor's name and mailing address BUNTING BEARINGS CORP. P.O. BOX 673158 DETROIT MI 48267-3158 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$806.05
3.44.	Nonpriority creditor's name and mailing address C H ROBINSON P.O. BOX 9121 MINNEAPOLIS MN 55480-9121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$225.55
3.45.	Nonpriority creditor's name and mailing address C W ROD TOOL CO P.O. BOX 205148 DALLAS TX 75320-5148 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,382.40

3.46.	Nonpriority creditor's name and mailing address CAJUN CHEMICAL & JANITORIAL SUPPLY P.O. BOX 160 OPELOUSAS LA 70571-0160 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$32.85
3.47.	Nonpriority creditor's name and mailing address CAMFIL FARR INC. 3302 SOLUTIONS CENTER CHICAGO IL 60677-3003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$36,721.80
3.48.	Nonpriority creditor's name and mailing address CAPASCO INC. PO BOX 81632 LAFAYETTE LA 70598-1632 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,551.22

3.49.	Nonpriority creditor's name and mailing address CAR COLOR CENTER #191 140 BANKS STREET LAFAYETTE LA 70506-1988 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$151.18
3.50.	Nonpriority creditor's name and mailing address CASHWAY WEST P.O. BOX 12760 ODESSA TX 79768-2760 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$653.53
3.51.	Nonpriority creditor's name and mailing address CASTLE ROCK ELECTRIC P.O. BOX 339 GREEN RIVER WY 82935-0339 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$720.00

3.52.	Nonpriority creditor's name and mailing address CED-CREDIT OFFICE P.O. BOX 5410 COVINGTON LA 70434-5410 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$737.20
3.53.	Nonpriority creditor's name and mailing address CENTURYLINK COMMUNICATIONS, LLC P.O. BOX 52187 PHOENIX AZ 85072-2187 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$132.41
3.54.	Nonpriority creditor's name and mailing address CHEMETEC ENGINEERED EQUIPMENT SALES 2410 VAIL DRIVE DENHAM SPRINGS LA 70726-7879 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$189.00

3.55.	Nonpriority creditor's name and mailing address CINCINNATI THERMAL SPRAY, INC. 10904 DEERFIELD ROAD CINCINNATI OH 45242-4110 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,300.00
3.56.	Nonpriority creditor's name and mailing address CINTAS CORP P.O. BOX 650838 DALLAS TX 75265-0838 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,697.11
3.57.	Nonpriority creditor's name and mailing address CLEARCHECK WORKPLACE SCREENING 401 2ND STREET W WILLISTON ND 58801-5905 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$28.00

3.58.	Nonpriority creditor's name and mailing address CLEARSTREAM SERVICES, INC. 106 PRYTANIA DRIVE LAFAYETTE LA 70503-5841 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,883.51
3.59.	Nonpriority creditor's name and mailing address COBURN'S LAFAYETTE D/TOWN P.O. BOX 99001 DENHAM SPRINGS LA 70727-9001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$240.51
3.60.	Nonpriority creditor's name and mailing address COMMON SENSE INSPECTION INC. 1295 E. 1750 S VERNAL UT 84078-8637 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,700.00

3.61.	Nonpriority creditor's name and mailing address COMMUNITY COFFEE COMPANY LLC P. O. BOX 919149 DALLAS TX 75391-9149 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,006.57
3.62.	Nonpriority creditor's name and mailing address COMPRESSED AIR SYSTEMS, LLC P. O. BOX 1165 YOUNGSVILLE LA 70592-1165 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,756.84
3.63.	Nonpriority creditor's name and mailing address CONGRESS OUTDOOR POWER EQUIPMENT IN 4801 CONGRESS STREET LAFAYETTE LA 70506-6501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$66.93

3.64.	Nonpriority creditor's name and mailing address CONNECTOR SPECIALISTS, INC. 175 JAMES DRIVE EAST ST. ROSE LA 70087-4006 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,163.60
3.65.	Nonpriority creditor's name and mailing address CONTINENTAL ALLOYS & SERVICES P.O. BOX 677697, LOCATION 363 DALLAS TX 75267-7697 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$813.18
3.66.	Nonpriority creditor's name and mailing address CONTROL EQUIPMENT INC. P.O. BOX 1152 ODESSA TX 79760-1152 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$864.00

3.67.	Nonpriority creditor's name and mailing address CORTEX BUSINESS SOLUTIONS, INC. 115 QUARRY PARK ROAD SE, SUITE 130 CALGARY AB T2C 5G9 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$41.30
3.68.	Nonpriority creditor's name and mailing address COUGAR PALLET 13417 ALDINE WESTFIELD RD HOUSTON TX 77039-3003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$768.36
3.69.	Nonpriority creditor's name and mailing address CRAWFORD ELECTRIC SUPPLY COMPANY IN P. O. BOX 847160 DALLAS TX 75284-7160 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,732.54

3.70.	Nonpriority creditor's name and mailing address CTS 13839 COLLECTION CENTER DRIVE CHICAGO IL 60693-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$240.87
3.71.	Nonpriority creditor's name and mailing address CULLIGAN P.O. BOX 60178 LAFAYETTE LA 70596-0178 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$181.69
3.72.	Nonpriority creditor's name and mailing address CULLIGAN OF CORPUS CHRISTI 110 WEST FREMONT STREET OWATONNA MN 55060-2328 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$415.68

3.73.	Nonpriority creditor's name and mailing address CUPS DRUG TESTING LLC 3 4TH ST E, SUITE 104 WILLISTON ND 58801-5350 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$705.00
3.74.	Nonpriority creditor's name and mailing address CUSTOM SHEET METAL OF LOUISIANA 523 N UNIVERSITY AVE LAFAYETTE LA 70506-1335 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,827.50
3.75.	Nonpriority creditor's name and mailing address CUTTING TOOLS, INC. P.O. BOX 41109 HOUSTON TX 77241-1109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$87.13

3.76.	Nonpriority creditor's name and mailing address CYPRESS PROPANE, INC. P.O. BOX 455 MAMOU LA 70554-0455 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,294.02
3.77.	Nonpriority creditor's name and mailing address D & L PUMPS, INC. P.O. BOX 4869 HOUSTON TX 77210-4869 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$555.01
3.78.	Nonpriority creditor's name and mailing address DEEP SOUTH EQUIPMENT COMPANY P.O. BOX 415000 NASHVILLE TN 37241-5000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,923.40

3.79.	Nonpriority creditor's name and mailing address DEL CORPORATION P. O. BOX 61460 LAFAYETTE LA 70596-1460 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,637.02
3.80.	Nonpriority creditor's name and mailing address DEMETRIO G BAEZA DBA WEST TX TIRE C P. O. BOX 102 ODESSA TX 79760-0102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,039.66
3.81.	Nonpriority creditor's name and mailing address DENISE'S WRECKER SERVICE 148 PECAN GROVE RD. SCOTT LA 70583-5276 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100.00

3.82.	Nonpriority creditor's name and mailing address DIGITAL MACHINING SYSTEMS, LLC 929 RIDGE RD DUSON LA 70529-4318 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,495.04
3.83.	Nonpriority creditor's name and mailing address DIGITECH OFFICE MACHINES P.O. BOX 82599 LAFAYETTE LA 70598-2599 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,171.99
3.84.	Nonpriority creditor's name and mailing address DIXIE MILL P.O.BOX 52005 NEW ORLEANS LA 70152-2005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,791.71

3.85.	Nonpriority creditor's name and mailing address DNOW L.P. P.O. BOX 200822 DALLAS TX 75320-0822 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,785.06
3.86.	Nonpriority creditor's name and mailing address DNUSE ACADIANA MACK VOLVO 1101 DOYLE MELANCON EXT. BREAUX BRIDGE LA 70517-6271 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$731.10
3.87.	Nonpriority creditor's name and mailing address DOMINIQUE'S RECORD MGMT. P.O. BOX 2159 LAFAYETTE LA 70502-2159 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$524.22

3.88.	Nonpriority creditor's name and mailing address DOUG ASHY BLDG. MATERIALS 4950 JOHNSTON STREET LAFAYETTE LA 70503-4801 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$42.92
3.89.	Nonpriority creditor's name and mailing address DRUG SCREENING PLUS, LLC 3431 W. PINHOOK ROAD, SUITE B LAFAYETTE LA 70508-3614 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$24.00
3.90.	Nonpriority creditor's name and mailing address DUEITT OIL COMPANY P. O. BOX 868 YOUNGSVILLE LA 70592-0868 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,135.98

3.91.	Nonpriority creditor's name and mailing address DURABLE MECCO 521 SOUTH COUNTY LINE RD FRANKLIN PARK IL 60131-1013 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$255.11
3.92.	Nonpriority creditor's name and mailing address E R BALINTON MURRAY AND ASSOCIATES LAWRENCE D MURRAY 1781 UNION ST SAN FRANCISCO CA 94123 Date or dates debt was incurred 8/6/2011 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 # CGC-12-518512 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.93.	Nonpriority creditor's name and mailing address E.P./A.P.P. 3417 S. LEWIS STREET NEW IBERIA LA 70560-8801 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,250.00

3.94.	Nonpriority creditor's name and mailing address EARLE M. JORGENSEN COMPANY P.O. BOX 951253 DALLAS TX 75395-1253 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,064.24
3.95.	Nonpriority creditor's name and mailing address EDI ENVIRONMENTAL SERVICES P O BOX 60726 LAFAYETTE LA 70596-0726 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,190.25
3.96.	Nonpriority creditor's name and mailing address ELECTROLESS NICKEL PLATING OF LA. 44211 STEIN ROAD HAMMOND LA 70403-2515 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,318.50

3.97.	Nonpriority creditor's name and mailing address ELWOOD STAFFING SERVICES, INC P. O. BOX 1024 COLUMBUS IN 47202-1024 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$23,730.33
3.98.	Nonpriority creditor's name and mailing address ENERGY ALLOYS 615 TIDELAND RD BROUSSARD LA 70518-7116 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,499.58
3.99.	Nonpriority creditor's name and mailing address ESSENTRA COMPONENTS 12660 COLLECTION CENTER DRIVE CHICAGO IL 60693-0629 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$76.20

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

ESSENTRA PIPE PROTECTION TECHNOLOGI
P.O. BOX 848378
DALLAS TX 75284-8378

Date or dates debt was incurred

VARIOUS

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:

ACCOUNTS PAYABLE TRADE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$1,578.83

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

EVANS COATINGS LLC
1330 SOUTER
TROY MI 48083-2839

Date or dates debt was incurred

VARIOUS

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:

ACCOUNTS PAYABLE TRADE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$202.68

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

EVANS EQUIP. & ENVIRONMENTAL
P.O. BOX 130
BROUSSARD LA 70518-0130

Date or dates debt was incurred

VARIOUS

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:

ACCOUNTS PAYABLE TRADE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$727.07

3.103. Nonpriority creditor's name and mailing address EW NASH LAWN SERVICE 1125 CATHERINE DRIVE ALICE TX 78332-3815 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$378.88
3.104. Nonpriority creditor's name and mailing address EXOTIC AUTOMATION & SUPPLY 34700 GRAND RIVER AVENUE FARMINGTON HILLS MI 48335-3375 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,462.42
3.105. Nonpriority creditor's name and mailing address EXPERT OVERHEAD CRANE REPAIR P.O. BOX 14492 ODESSA TX 79768-4492 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$302.90

3.106.	Nonpriority creditor's name and mailing address EXTREME MACHINE & URETHANE LLC 202 E. AGNUS DRIVE YOUNGSVILLE LA 70592-5442 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,310.00
3.107.	Nonpriority creditor's name and mailing address FAIRWAY TRANSPORT LLC P.O. BOX 11707 NEW IBERIA LA 70562-1707 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,350.00
3.108.	Nonpriority creditor's name and mailing address FARMERS COPPER LTD 9000 EMMETT F LOWRY EXPY TEXAS CITY TX 77591-2124 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$734.04

3.109.	Nonpriority creditor's name and mailing address FARMER'S TRUE VALUE HARDWARE P.O. BOX 756 RAYNE LA 70578-0756 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$318.90
3.110.	Nonpriority creditor's name and mailing address FARSTAD OIL, INC. P.O. BOX 1450 MINNEAPOLIS MN 55485-7948 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$876.55
3.111.	Nonpriority creditor's name and mailing address FASTENAL COMPANY P. O. BOX 1286 WINONA MN 55987-1286 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,478.14

3.112. Nonpriority creditor's name and mailing address FEDEX FREIGHT- DEPT CH P.O. BOX 10306 PALATINE IL 60055-0306 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$356.68
3.113. Nonpriority creditor's name and mailing address FIRE BOSS 7905 HWY.90 WEST NEW IBERIA LA 70560-7651 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$268.28
3.114. Nonpriority creditor's name and mailing address FLODRAULIC GROUP, INC. #774583, 4583 SOLUTIONS CENTER CHICAGO IL 60677-4005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,768.41

3.115. Nonpriority creditor's name and mailing address FRANKLIN ELECTROFLUID CO., INC P.O. BOX 18777 MEMPHIS TN 38181-0777 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,034.93
3.116. Nonpriority creditor's name and mailing address FREDERICK'S MACHINE SHOP 3903 SECOND STREET NEW IBERIA LA 70560-0500 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,800.00
3.117. Nonpriority creditor's name and mailing address GARDENDALE COUNTRY WATER INC P. O. BOX 195 GARDENDALE TX 79758-0195 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$505.00

3.118. Nonpriority creditor's name and mailing address GAUBERT OIL COMPANY INC. P.O. BOX 310 THIBODAUX LA 70302-0310 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,984.67
3.119. Nonpriority creditor's name and mailing address GC PRODUCTS INC BOX 4211 WILLISTON ND 58802-4211 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$710.64
3.120. Nonpriority creditor's name and mailing address GES OF ACADIANA, LLC P.O. BOX 433 RAYNE LA 70578-0433 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,325.84

3.121. Nonpriority creditor's name and mailing address GHX INDUSTRIAL, LLC P.O. BOX 4346, DEPT 207 HOUSTON TX 77210-4346 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,025.74
3.122. Nonpriority creditor's name and mailing address GLASS SERVICES UNLIMITED P.O. BOX 9987 NEW IBERIA LA 70562-9987 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,459.70
3.123. Nonpriority creditor's name and mailing address GLOBAL ELECTRONIC SERVICES INC 5325 PALMERO CT BUFORD GA 30518-3504 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$167.08

3.124. Nonpriority creditor's name and mailing address GLOBAL EQUIPMENT COMPANY 29833 NETWORK PLACE CHICAGO IL 60673-1298 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,588.85
3.125. Nonpriority creditor's name and mailing address GOLDEN BREW COFFEE SERVICE 602 MEADOW ODESSA TX 79761-5822 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,003.43
3.126. Nonpriority creditor's name and mailing address GRAINGER, INC. P.O. BOX 419267 KANSAS CITY MO 64141-6267 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$18,495.47

3.127. Nonpriority creditor's name and mailing address GREATAMERICA FINANCIAL SVCS P.O. BOX 660831 DALLAS TX 75266-0831 Date or dates debt was incurred VARIOUS 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: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,977.80
3.128. Nonpriority creditor's name and mailing address GREENS PIPE SERVICE INC. P.O. BOX 7814 ODESSA TX 79760-7814 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,800.00
3.129. Nonpriority creditor's name and mailing address GREENSCAPE GROUNDS MANAGEMENT 2851 JOHNSTON STREET LAFAYETTE LA 70503-3243 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,500.00

3.130.	Nonpriority creditor's name and mailing address GULF COAST OFFICE PRODUCTS OF B.R. 10424 PLAZA AMERICANA DRIVE BATON ROUGE LA 70816-8187 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$107.40
3.131.	Nonpriority creditor's name and mailing address GULF COAST SPRING CO. P.O. BOX 430938 HOUSTON TX 77243-0938 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$439.92
3.132.	Nonpriority creditor's name and mailing address GUY THIBODEAUX AIR COND., INC 1087 LAFAYETTE CIR. BROUSSARD LA 70518-8102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$244.86

3.133.	Nonpriority creditor's name and mailing address H & S MACHINERY CORPORATION 1941 INDUSTRIAL BLVD HARVEY LA 70058-2315 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,739.84
3.134.	Nonpriority creditor's name and mailing address HARD BAND INDUSTRIES, INC P. O. BOX 61528 MIDLAND TX 79711-1528 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$810.00
3.135.	Nonpriority creditor's name and mailing address HEBERT MACHINE SHOP 1005 AMERICAN LEGION DR RAYNE LA 70578-4351 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$30.00

3.136. Nonpriority creditor's name and mailing address HERC-U-LIFT P.O. BOX 69 MAPLE PLAIN MN 55359-0069 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,483.60
3.137. Nonpriority creditor's name and mailing address HERITAGE-CRYSTAL CLEAN, LLC 13621 COLLECTON CENTER DRIVE CHICAGO IL 60693-0136 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,471.03
3.138. Nonpriority creditor's name and mailing address HIGH 5 SERVICES LLC P. O. BOX 2672 ODESSA TX 79760-2672 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,500.00

3.139.	Nonpriority creditor's name and mailing address HIGH TECH TOOL, INC 7803 SOUTH LOOP EAST HOUSTON TX 77012-4214 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,320.00
3.140.	Nonpriority creditor's name and mailing address HMC LEASING, LLC 2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.141.	Nonpriority creditor's name and mailing address HOLBERT STEEL 205 NOLAN ROAD BROUSSARD LA 70518-3214 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,785.00

3.142. Nonpriority creditor's name and mailing address HOLE SPECIALISTS, INC. 27950 COMMERCIAL PARK ROAD TOMBALL TX 77375-6535	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$4,762.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.143. Nonpriority creditor's name and mailing address HOME OF ECONOMY INC. P.O. BOX 13430 GRAND FORKS ND 58208-3430	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$155.46
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.144. Nonpriority creditor's name and mailing address HONDA OF LAFAYETTE 1708 N. UNIVERSITY LAFAYETTE LA 70507-6318	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$97.20
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.145. Nonpriority creditor's name and mailing address HORIZON RESOURCES 317 2ND ST WEST WILLISTON ND 58801-5903 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$853.41
3.146. Nonpriority creditor's name and mailing address HOUSTON UNLIMITED INC. P.O. BOX 143 CAPPELL HILL TX 77426-0143 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$719.22
3.147. Nonpriority creditor's name and mailing address HOWARD SUPPLY CO. P.O. BOX 4869 HOUSTON TX 77210-4869 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$254.68

3.148. Nonpriority creditor's name and mailing address HUB CITY FIRE & SAFETY P.O. BOX 273 ALICE TX 78333-0273 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$128.85
3.149. Nonpriority creditor's name and mailing address HUB CITY FORD P.O. BOX 90670 LAFAYETTE LA 70509-0670 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$139.04
3.150. Nonpriority creditor's name and mailing address HUGG & HALL EQUIPMENT COMPANY P.O. BOX 194110 LITTLE ROCK AR 72219-4110 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$87.77

3.151. Nonpriority creditor's name and mailing address HULCO PRINTERS, INC. P.O. BOX 700 SCOTT LA 70583-0700	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$80.46
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.152. Nonpriority creditor's name and mailing address HUNTER FAMILY MEDICAL CLINIC 2751 COMMERCIAL WAY ROCK SPRINGS WY 82901-4753	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$310.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.153. Nonpriority creditor's name and mailing address HYDRADYNE HYDRAULICS, LLC PO BOX 974799 DALLAS TX 75397-4799	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$5,009.83
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.154. Nonpriority creditor's name and mailing address HYDRAQUIP CORPORATION P.O. BOX 4493 HOUSTON TX 77210-4493 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$29.00
3.155. Nonpriority creditor's name and mailing address IMPAC MANUFACTURING INC 41786 FM 510 LOS FRESNOS TX 78566-4846 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,233.95
3.156. Nonpriority creditor's name and mailing address IMPACT SUPPLY P. O. 3820 MIDLAND TX 79702-3820 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$134.00

3.157. Nonpriority creditor's name and mailing address IMPREGLO, INC - HOUSTON PLANT 6421 CALLE LOZANO DRIVE HOUSTON TX 77041-2559	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,880.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.158. Nonpriority creditor's name and mailing address INDUSTRIAL & MARINE EQUIPMENT P.O. BOX 3562 HOUMA LA 70361-3562	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,709.63
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.159. Nonpriority creditor's name and mailing address INDUSTRIAL ELECTRONIC SUPPLY P.O. BOX 3902 SHREVEPORT LA 71133-3902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$251.29
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.160.	Nonpriority creditor's name and mailing address INDUSTRIAL LIFT TRUCK P.O. BOX 732333 DALLAS TX 75373-2333 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$43,865.78
3.161.	Nonpriority creditor's name and mailing address INDUSTRIAL WELDING SUPPLY 125 THRUWAY PARK BROUSSARD LA 70518-3601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$139.14
3.162.	Nonpriority creditor's name and mailing address INTEGRICERT 608 HANGAR DRIVE NEW IBERIA LA 70560-8092 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,598.40

3.163. Nonpriority creditor's name and mailing address INTEGRITY RENTALS AND SOLUTIONS LLC P. O. BOX 339 CADE LA 70519-0339 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$50.00
3.164. Nonpriority creditor's name and mailing address JAZ USA, INC 59 TARKLIN PLACE NEW BEDFORD MA 02745-1016 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,060.00
3.165. Nonpriority creditor's name and mailing address JEFF'S COMPRESSOR REPAIR, INC P.O. BOX 926 ST. MARTINVILLE LA 70582-0926 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,573.64

3.166.	Nonpriority creditor's name and mailing address JET LUBE INC. P.O. BOX 973773 DALLAS TX 75397-3773 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$560.35
3.167.	Nonpriority creditor's name and mailing address JOHNPAC BAG & PACKAGING P.O. BOX 1566 CROWLEY LA 70527-1566 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$199.44
3.168.	Nonpriority creditor's name and mailing address JUDICE ELECTRIC P.O. BOX 62782 LAFAYETTE LA 70596-2782 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,913.51

3.169.	Nonpriority creditor's name and mailing address JUDICE SERVICES, INC. P.O. BOX 175 BROUSSARD LA 70518-0175 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$107.99
3.170.	Nonpriority creditor's name and mailing address K & B INDUSTRIES 208 REBECCA POND ROAD SCHRIEVER LA 70395-3307 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,560.00
3.171.	Nonpriority creditor's name and mailing address KNIGHT DUTCH HOLDINGS, LLC 2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508 Date or dates debt was incurred VARIOUS 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 type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INDEMNIFICATION CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

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

KNIGHT INTERNATIONAL, LLC
2727 SE EVANGELINE THRUWAY
LAFAYETTE LA 70508

Date or dates debt was incurred

VARIOUS

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:

INDEMNIFICATION CLAIM

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNDETERMINED

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

KNIGHT OIL TOOLS, LLC
2727 SE EVANGELINE THRUWAY
LAFAYETTE LA 70508

Date or dates debt was incurred

VARIOUS

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:

INTERCOMPANY PAYABLE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNDETERMINED

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

KNIGHT RESOURCES, LLC
2727 SE EVANGELINE THRUWAY
LAFAYETTE LA 70508

Date or dates debt was incurred

VARIOUS

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:

INDEMNIFICATION CLAIM

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

UNDETERMINED

3.175. Nonpriority creditor's name and mailing address KOCH MACHINE TOOL 8500 WESTLAND WEST BLVD. HOUSTON TX 77041-1214 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,142.00
3.176. Nonpriority creditor's name and mailing address LABORDE PRODUCTS, INC. P.O. BOX 429 COVINGTON LA 70434-0429 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$491.65
3.177. Nonpriority creditor's name and mailing address LAFAYETTE LOCKSMITH SERVICE 411 KALISTE SALOOM RD. LAFAYETTE LA 70508-4201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$309.62

3.178.	Nonpriority creditor's name and mailing address LAFAYETTE MATERIALS 2519 VEROT SCHOOL ROAD LAFAYETTE LA 70508-6461 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,253.50
3.179.	Nonpriority creditor's name and mailing address LAFAYETTE THREADED PRODUCTS P.O. BOX 81607 LAFAYETTE LA 70598-1607 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,366.42
3.180.	Nonpriority creditor's name and mailing address LAIRD PLASTICS LLC P.O. BOX 934226 ATLANTA GA 31193-4226 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$556.45

3.181. Nonpriority creditor's name and mailing address LARD OIL CO. P.O. BOX 919403 DALLAS TX 75391-9403 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,764.17
3.182. Nonpriority creditor's name and mailing address LEBLANC TRAILER SALES, INC. 802 W. BRANCHE STREET RAYNE LA 70578-4120 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$141.97
3.183. Nonpriority creditor's name and mailing address LEESON ELECTRIC 3750 SOLUTIONS CENTER CHICAGO IL 60677-3007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,427.80

3.184.	Nonpriority creditor's name and mailing address LEHMANN LATHE PARTS, INC. 15177 SIERRA BONITA LANE CHINO CA 91710-8904 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$82.64
3.185.	Nonpriority creditor's name and mailing address LOFTIN EQUIPMENT COMPANY INC. P.O. BOX 10376 PHOENIX AZ 85064-0376 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$368.05
3.186.	Nonpriority creditor's name and mailing address LUCIA BARAHONA/ALFRO'S CLEANING 370 SHOSHONE AVE. APT B GREEN RIVER WY 82935-5488 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00

3.187. Nonpriority creditor's name and mailing address M & M SALES & EQUIPMENT 2639 KERMIT HIGHWAY ODESSA TX 79763-2542	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,279.43
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.188. Nonpriority creditor's name and mailing address M.M. INDUSTRIES, INC 8480 HIGHWAY 182 EAST MORGAN CITY LA 70380-2480	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,293.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.189. Nonpriority creditor's name and mailing address MACHINE TOOLS, INC. P.O. BOX 60249 LAFAYETTE LA 70596-0249	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,980.88
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.190.	Nonpriority creditor's name and mailing address MACHINISTS SPECIALTY INC. P.O. BOX 11454 ODESSA TX 79760-8454 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$757.75
3.191.	Nonpriority creditor's name and mailing address MARATHON PROTECTORS & SUPPLY P. O. BOX 970 BREAUX BRIDGE LA 70517-0970 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,449.63
3.192.	Nonpriority creditor's name and mailing address MARINE-INDUSTRIAL & ELECTRICAL SUPP P.O. BOX 23806 NEW ORLEANS LA 70183-0806 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,174.10

3.193.	Nonpriority creditor's name and mailing address MAZAK CORPORATION P.O. BOX 702500 CINCINNATI OH 45270-2500 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,085.86
3.194.	Nonpriority creditor's name and mailing address MCCODY CONCRETE PRODUCTS, INC. P.O. BOX 4005 WILLISTON ND 58802-4005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$496.78
3.195.	Nonpriority creditor's name and mailing address MCMASTER-CARR SUPPLY CO. P.O. BOX 7690 CHICAGO IL 60680-7690 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,487.86

3.196.	Nonpriority creditor's name and mailing address MDM TOOL SUPPLY LLC PO BOX 1710 BROUSSARD LA 70518-1710 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,926.90
3.197.	Nonpriority creditor's name and mailing address MEDLEY MATERIAL HANDLING P.O. BOX 26706 OKLAHOMA CITY OK 73126-0706 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,907.03
3.198.	Nonpriority creditor's name and mailing address MELLO JOY DISTRIBUTING, LLC 313 N CHESTNUT ST, STE C LAFAYETTE LA 70501-6025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,244.96

3.199.	Nonpriority creditor's name and mailing address METAL ONE AMERICA , INC. 6250 N RIVER RD SUITE 2055 ROSEMONT IL 60018-4270 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$693.00
3.200.	Nonpriority creditor's name and mailing address METAL REMOVAL SPECIALTIES P.O. BOX 4516 ODESSA TX 79760-4516 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,614.17
3.201.	Nonpriority creditor's name and mailing address MID SOUTH TRUCK & EQUIPMENT P. O. BOX 1505 LAKE CHARLES LA 70602-1505 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$608.63

3.202.	Nonpriority creditor's name and mailing address MIDWEST HOSE & SPECIALTY P.O. BOX 96558 OKLAHOMA CITY OK 73143-6558 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,998.00
3.203.	Nonpriority creditor's name and mailing address MIDWEST OVERHEAD CRANE 13900 SUNFISH LAKE BLVD. NW RAMSEY MN 55303-4542 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$600.00
3.204.	Nonpriority creditor's name and mailing address MIGUEZ FUEL, LLC 109 HWY 90 WEST NEW IBERIA LA 70560-9485 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,968.95

3.205.	Nonpriority creditor's name and mailing address MLC CAD SYSTEMS 6001 WEST WILLIAM CANNON AUSTIN TX 78749-1968 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,378.80
3.206.	Nonpriority creditor's name and mailing address MOTION INDUSTRIES, INC. P.O. BOX 404130 ATLANTA GA 30384-4130 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,543.47
3.207.	Nonpriority creditor's name and mailing address MSC INDUSTRIAL SUPPLY CO. INC. P. O. BOX 953635 ST. LOUIS MO 63195-3635 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,812.42

3.208. Nonpriority creditor's name and mailing address NATIONAL BRONZE & METALS INC. P.O. BOX 800818 HOUSTON TX 77280-0818 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,085.10
3.209. Nonpriority creditor's name and mailing address NATIONWIDE PLASTICS 2001 TIMBERLAKE DRIVE ARLINGTON TX 76010-5321 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$688.00
3.210. Nonpriority creditor's name and mailing address NELSON EQUIPMENT CO., INC. P.O. BOX 18005 SHREVEPORT LA 71138-1005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,243.32

3.211. Nonpriority creditor's name and mailing address NELSON STUD WELDING, INC. P.O. BOX 504781 ST. LOUIS MO 63150-4781 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$110.00
3.212. Nonpriority creditor's name and mailing address NEOPOST USA INC. P.O. BOX 123689 DEPT 3689 DALLAS TX 75312-3689 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$89.99
3.213. Nonpriority creditor's name and mailing address NERO LAWN CARE 210 N. CUNNINGHAM RAYNE LA 70578-6510 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,545.00

3.214. Nonpriority creditor's name and mailing address NI WELDING SUPPLY, LLC 125 THRUWAY PARK BROUSSARD LA 70518-3601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,346.75
3.215. Nonpriority creditor's name and mailing address NICOLAS RIVERA 1155 E 2ND STREET ALICE TX 78332-9603 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$30.00
3.216. Nonpriority creditor's name and mailing address NIMLOK LOUISIANA P.O. BOX 62688 LAFAYETTE LA 70596-2688 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,540.63

3.217.	Nonpriority creditor's name and mailing address NLB CORP. 29830 BECK ROAD WIXOM MI 48393-2824	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$145,531.21
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.218.	Nonpriority creditor's name and mailing address NORTH AMERICAN METALS, INC. 20001 OIL CENTER BLVD HOUSTON TX 77073-3332	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,584.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.219.	Nonpriority creditor's name and mailing address NORTHWEST SUPPLY & 224 EAST BROADWAY WILLISTON ND 58801-6124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$282.96
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.220.	Nonpriority creditor's name and mailing address NOV GRANT PRIDECO P.O. BOX 202629 DALLAS TX 75320-2629 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$50,458.87
3.221.	Nonpriority creditor's name and mailing address NOV RIG SOLUTIONS SPARES & SV P.O. BOX 201202 DALLAS TX 75320-1202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$58.00
3.222.	Nonpriority creditor's name and mailing address NOV TUBOSCOPE P.O. BOX 201177 DALLAS TX 75320-1177 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,608.00

3.223.	Nonpriority creditor's name and mailing address NRAI, INC P.O. BOX 4349 CAROL STREAM IL 60197-4349 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$612.00
3.224.	Nonpriority creditor's name and mailing address NUTECH SPECIALTIES 9811 SOUTH 6150 WEST WEST JORDAN UT 84081-5602 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$49.98
3.225.	Nonpriority creditor's name and mailing address OIL PATCH PETROLEUM, INC. MSC #450- P.O. BOX 659830 SAN ANTONIO TX 78265-9130 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,846.42

3.226. Nonpriority creditor's name and mailing address OILFIELD SERVICES & TECHNOLOGIES LL P. O. BOX 732830 DALLAS TX 75373-2830 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00
3.227. Nonpriority creditor's name and mailing address OLD DOMINION FREIGHT LINE INC. P.O.BOX 841324 DALLAS TX 75284-1324 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,655.11
3.228. Nonpriority creditor's name and mailing address OLD RIVER TRUCK SALES P. O. BOX 2222 DECATUR AL 35609-2222 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,607.40

3.229.	Nonpriority creditor's name and mailing address OLIVER H. VAN HORN CO., LLC DEPT. AT952518 ATLANTA GA 31192-2518 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,025.09
3.230.	Nonpriority creditor's name and mailing address O'NEAL STEEL, INC. P.O. BOX 934243 ATLANTA GA 31193-4243 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,362.99
3.231.	Nonpriority creditor's name and mailing address ORKIN INC. 5030 E. UNIVERSITY BLVD., STE D103 ODESSA TX 79762-8148 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$84.19

3.232.	Nonpriority creditor's name and mailing address OUR LADY OF LOURDES RMC P.O. BOX 90906 LAFAYETTE LA 70509-0906 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,157.30
3.233.	Nonpriority creditor's name and mailing address P.S.C. SUPPLY, INCORPORATED P.O. BOX 215 BROUSSARD LA 70518-0215 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,412.43
3.234.	Nonpriority creditor's name and mailing address PAC STAINLESS P.O. BOX 732777 DALLAS TX 75373-2777 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,995.00

3.235. Nonpriority creditor's name and mailing address PACIFIC STEEL & RECYCLING P.O. BOX 129 ROCK SPRINGS WY 82902-0129 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$101.76
3.236. Nonpriority creditor's name and mailing address PAGE WIRE ROPE & SLINGS P.O. BOX 60068 LAFAYETTE LA 70596-0068 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$96.30
3.237. Nonpriority creditor's name and mailing address PATH AIR LLC COOK YANCEY KING AND GALLOWAY APLC B JOHNSON W L HEARNE 333 TEXAS ST STE 1700 SHREVEPORT LA 71120 Date or dates debt was incurred 9/27/2007 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 # C-20156398 F Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.238.	Nonpriority creditor's name and mailing address PATTERSON MOTOR FREIGHT P. O. BOX 206546 DALLAS TX 75320-6546 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$745.88
3.239.	Nonpriority creditor's name and mailing address PENTAGON FREIGHT SERVICES INC PO BOX 681367 HOUSTON TX 77268-1367 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,804.50
3.240.	Nonpriority creditor's name and mailing address PERMIAN MACHINERY MOVERS, INC. P.O. BOX 11281 ODESSA TX 79760-8281 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,847.12

3.241. Nonpriority creditor's name and mailing address PETROLEUM SERVICES INC P.O. BOX 1486 WILLISTON ND 58802-1486	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,687.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.242. Nonpriority creditor's name and mailing address PHOENIX METALS COMPANY P.O. BOX 932589 ATLANTA GA 31193-2589	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,329.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.243. Nonpriority creditor's name and mailing address PINCH FLATBEAD, INC. P.O. BOX 60473 HOUSTON TX 77205-0473	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$840.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.244. Nonpriority creditor's name and mailing address PNEUMATIC & HYDRAULIC CO LLC 129 DEMANADE BLVD, STE 200 LAFAYETTE LA 70503-2507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$49,568.26
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.245. Nonpriority creditor's name and mailing address PRAXAIR DEPT CH 10660 PALATINE IL 60055-0660	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$339.31
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.246. Nonpriority creditor's name and mailing address PRAXAIR SURFACE TECHNOLOGIES, INC P. O. BOX 100424 ATLANTA GA 30384-0424	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,000.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.247. Nonpriority creditor's name and mailing address PRESTIGE EQUIPMENT CORP THE LANDRY LAW FIRM C LANDRY D LANDRY PO BOX 3784 LAFAYETTE LA 70502 Date or dates debt was incurred VARIOUS 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 # C-20164754-B Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.248. Nonpriority creditor's name and mailing address PUP JOINT INC. 169 SHAFFER ROAD HOUMA LA 70363-7303 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,240.00
3.249. Nonpriority creditor's name and mailing address PURVIS INDUSTRIES PO BOX 540757 DALLAS TX 75354-0757 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,569.05

3.250. Nonpriority creditor's name and mailing address QUALICAL LLC 7380 MAIN ST HOUMA LA 70360-4011	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 UNDETERMINED
Date or dates debt was incurred VARIOUS	Basis for the claim: LITIGATION CLAIM	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.251. Nonpriority creditor's name and mailing address QUALITY TOOLS & SERVICES, INC. 16051 LAMONTE DRIVE HAMMOND LA 70403-1405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$53,362.40
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.252. Nonpriority creditor's name and mailing address QUICK STAMP & SIGN MFG. P.O. BOX 3272 LAFAYETTE LA 70502-3272	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$29.61
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.253. Nonpriority creditor's name and mailing address QUOYESER, INCORPORATED P. O. BOX 3059 LAFAYETTE LA 70502-3059 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,243.31
3.254. Nonpriority creditor's name and mailing address R.H.W. METALS P.O. BOX 3507 LONGVIEW TX 75606-3507 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,628.80
3.255. Nonpriority creditor's name and mailing address RADIANCE CAPITAL RECEIVABLES TWENTY, LLC 6416 PACIFIC HWY E 3RD FL. FIFE WA 98424 Date or dates debt was incurred VARIOUS 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: LEASE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

3.256. Nonpriority creditor's name and mailing address RALPH'S INDUSTRIAL ELECTRONICS P.O. BOX 60700 LAFAYETTE LA 70596-0700 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$385.01
3.257. Nonpriority creditor's name and mailing address RAYNE SIGN COMPANY P.O. BOX 775 RAYNE LA 70578-0775 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,927.04
3.258. Nonpriority creditor's name and mailing address RELEVANT SOLUTIONS, LLC 14910 HENRY ROAD HOUSTON TX 77060-5308 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,197.40

3.259.	Nonpriority creditor's name and mailing address RELIABLE EDM 6940 FULTON STREET HOUSTON TX 77022-4835 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$400.00
3.260.	Nonpriority creditor's name and mailing address REX SUPPLY COMPANY P.O. BOX 670587 DETROIT MI 48267-0587 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,332.59
3.261.	Nonpriority creditor's name and mailing address RICHARD BOWLBY 6872 LABROSSE HILL STREET BONNERS FERRY ID 83805-8533 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$753.28

3.262.	Nonpriority creditor's name and mailing address ROADROCK RECYCLING, INC. 317 JOHN FELL LOOP SCOTT LA 70583-4118 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$617.88
3.263.	Nonpriority creditor's name and mailing address ROBIN INSTRUMENT AND SPECIALTY LLC 205 NORTH LUKE STREET LAFAYETTE LA 70506-1987 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$825.44
3.264.	Nonpriority creditor's name and mailing address ROPE SOAP N DOPE, LLC 1025 PETROLEUM PARKWAY BROUSSARD LA 70518-8020 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$845.12

3.265.	Nonpriority creditor's name and mailing address S & L BOLT, LLC 4759 CAMERON STREET LAFAYETTE LA 70506-1438 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,189.11
3.266.	Nonpriority creditor's name and mailing address S & S FIRE & SAFETY INC. 3221 CAMERON STREET LAFAYETTE LA 70506-1524 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$523.02
3.267.	Nonpriority creditor's name and mailing address SAFETY KLEEN SYSTEMS, INC. P.O. BOX 650509 DALLAS TX 75265-0509 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,674.56

3.268.	Nonpriority creditor's name and mailing address SAIA MOTOR FREIGHT LINE P.O. BOX 730532 DALLAS TX 75373-0532 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$209.73
3.269.	Nonpriority creditor's name and mailing address SANTO OILFIELD SUPPLIES, LLC 1514 NEHEMIAH DRIVE ANDREWS TX 79714-2304 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,020.63
3.270.	Nonpriority creditor's name and mailing address SBA WELDING SERVICES, INC 307 BAYOU OAK DRIVE NEW IBERIA LA 70563-3009 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$260.00

3.271. Nonpriority creditor's name and mailing address SDM CALIBRATIONS P.O. BOX 1076 BROUSSARD LA 70518-1076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$27,544.14
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.272. Nonpriority creditor's name and mailing address SETCO SALES CO 24290 NETWORK PLACE CHICAGO IL 60673-1242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,639.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.273. Nonpriority creditor's name and mailing address SHANNON HARDWARE P.O. BOX 631 MORGAN CITY LA 70381-0631	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$582.34
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.274. Nonpriority creditor's name and mailing address SHERWIN WILLIAMS 4307 JOHNSTON STREET LAFAYETTE LA 70503-4225	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$937.86
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.275. Nonpriority creditor's name and mailing address SKF USA, INC. P.O. BOX 7247 PHILADELPHIA PA 19170-8092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$586.56
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.276. Nonpriority creditor's name and mailing address SNELLING STAFFING SERVICES P.O. BOX 650765 DALLAS TX 75265-0765	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$23,722.77
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.277. Nonpriority creditor's name and mailing address SOL'S PIPE & STEEL INC. P. O. BOX 2407 MONROE LA 71207-2407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,052.73
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.278. Nonpriority creditor's name and mailing address SOUTHEASTERN FREIGHT LINES P.O. BOX 100104 COLUMBIA SC 29202-3104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,386.56
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.279. Nonpriority creditor's name and mailing address SOUTHERN CONTROLS, INC. P.O. BOX 210399 MONTGOMERY AL 36121-0399	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$30,374.02
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.280.	Nonpriority creditor's name and mailing address SOUTHERN TIRE MART P.O. BOX 1000, DEPT 143 MEMPHIS TN 38148-0143 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$832.81
3.281.	Nonpriority creditor's name and mailing address SOUTHWEST CALIBRATION SERVICE, INC. 13114 MULA COURT STAFFORD TX 77477-3322 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,546.90
3.282.	Nonpriority creditor's name and mailing address SOUTHWEST SPECIALTY P.O. BOX 14194 ODESSA TX 79768-4194 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,495.59

3.283. Nonpriority creditor's name and mailing address STAFFORD MANUFACTURING CORP P.O. BOX 277 NORTH READING MA 01864-0277	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,211.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.284. Nonpriority creditor's name and mailing address STANDARD CRANE & HOIST, LLC 14694 AIRLINE HWY DESTREHAN LA 70047-4335	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$459.20
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.285. Nonpriority creditor's name and mailing address STANDARD STEEL SPECIALTY CO. P.O. BOX 20 BEAVER FALLS PA 15010-0020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$2,002.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.286.	Nonpriority creditor's name and mailing address STS OPERATING INC EDWARD F BUKATY APC EDWARD F BUKATY III ONE GALLERIA BLVD STE 1810 METAIRIE LA 70001 Date or dates debt was incurred VARIOUS 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 # C20174379K Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.287.	Nonpriority creditor's name and mailing address SUNBELT STEEL TEXAS, INC. P.O. BOX 203124 DALLAS TX 75320-3124 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$155,449.58
3.288.	Nonpriority creditor's name and mailing address SUNSOURCE P.O. BOX 730698 DALLAS TX 75373-0698 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,935.90

3.289.	Nonpriority creditor's name and mailing address SUPERIOR SUPPLY & STEEL P.O. BOX 677427 DALLAS TX 75267-7427 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,436.62
3.290.	Nonpriority creditor's name and mailing address SUPREME THREAD PROTECTION & SUPPLY 1609 JEFFERSON ISLAND RD NEW IBERIA LA 70560-9471 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$380.60
3.291.	Nonpriority creditor's name and mailing address SWAN SEALS (ABERDEEN) LIMITED UNIT 4 5-19 HOLLAND STREET ABERDEEN AB25 3UJ UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$17,380.08

3.292.	Nonpriority creditor's name and mailing address TACTICAL SEALING TECHNOLOGIES P. O. BOX 844065 LOS ANGELES CA 90084-4065 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$25.04
3.293.	Nonpriority creditor's name and mailing address TB WOODS INC. 24984 NETWORK PLACE CHICAGO IL 60677-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$319.51
3.294.	Nonpriority creditor's name and mailing address TECH SERVICE PRODUCTS, INC. 5509 JENSEN STREET NEW ORLEANS LA 70123-2241 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$300.00

3.295.	Nonpriority creditor's name and mailing address TECHE ELECTRIC SUPPLY INC. P.O. BOX 61725 LAFAYETTE LA 70596-1725 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,147.32
3.296.	Nonpriority creditor's name and mailing address TEXAS PIPE WORKS, INC. P.O. BOX 2937 LONGVIEW TX 75606-2937 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,245.72
3.297.	Nonpriority creditor's name and mailing address THE BELT STORE P.O. BOX 53367 LAFAYETTE LA 70505-3367 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$98.02

3.298.	Nonpriority creditor's name and mailing address THE DOCTORS CENTER 4637 SOUTH PADRE ISLAND DRIVE CORPUS CHRISTI TX 78411-4413 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$540.00
3.299.	Nonpriority creditor's name and mailing address THE GAUGE HOUSE, LLC P.O. BOX 80426 LAFAYETTE LA 70598-0426 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$528.03
3.300.	Nonpriority creditor's name and mailing address THE REYNOLDS COMPANY P. O. BOX 205653 DALLAS TX 75320-5653 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,548.69

3.301.	Nonpriority creditor's name and mailing address THE SHERWIN-WILLIAMS CO 4925A JEFFERSON HIGHWAY JEFFERSON LA 70121-3106 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,694.90
3.302.	Nonpriority creditor's name and mailing address THE WAGGONERS TRUCKING P.O. BOX 301420 DALLAS TX 75303-1420 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,025.98
3.303.	Nonpriority creditor's name and mailing address THIBS TRAILERS 906 S. FIELDSPAN DUSON LA 70529-3319 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$547.82

3.304. Nonpriority creditor's name and mailing address THOMSON SCIENTIFIC, INC. 36588 TREASURY CENTER CHICAGO IL 60694-6500	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$199.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.305. Nonpriority creditor's name and mailing address THREAD PROTECTOR, LLC P.O. BOX 988 BROUSSARD LA 70518-0988	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$382.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.306. Nonpriority creditor's name and mailing address THYSSENKRUPP OIL & GAS, COPPER & BR P. O. BOX 77040 DETROIT MI 48277-7040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$601.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.307. Nonpriority creditor's name and mailing address TNT USA INC. DEPT 781108 DETROIT MI 48278-1108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$149.70
3.308. Nonpriority creditor's name and mailing address TNT WELDING SUPPLY LLC 125 THRUWAY PARK BROUSSARD LA 70518-3601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$140.40
3.309. Nonpriority creditor's name and mailing address TOWNEPLACE SUITES MARRIOTT 4412 TANGLEWOOD LANE ODESSA TX 79762-4900 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$491.05

3.310. Nonpriority creditor's name and mailing address TRAHAN LOGISTICS, INC P. O. BOX 702 DUSON LA 70529-0702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$7,225.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.311. Nonpriority creditor's name and mailing address TRI-DRILL, LLC 2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim UNDETERMINED
Date or dates debt was incurred VARIOUS	Basis for the claim: INTERCOMPANY PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.312. Nonpriority creditor's name and mailing address TUBULAR SERVICES INC. P.O. BOX 10206 NEW IBERIA LA 70562-0206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$410.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.313. Nonpriority creditor's name and mailing address U.M. ABRASIVES, INC. 8603 E ROYAL PALM RD, STE 260 SCOTTSDALE AZ 85258-4357 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,530.50
3.314. Nonpriority creditor's name and mailing address ULINE P.O. BOX 88741 CHICAGO IL 60680-1741 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$804.08
3.315. Nonpriority creditor's name and mailing address UNISTRUT ALABAMA P.O. BOX 5321 BIRMINGHAM AL 35207-0321 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$342.00

3.316. Nonpriority creditor's name and mailing address UNITED PARCEL SERVICE P.O. BOX 7247-0244 PHILADELPHIA PA 19170-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,704.05
3.317. Nonpriority creditor's name and mailing address VALLEN DISTRIBUTION, INC P.O. BOX 404753 ATLANTA GA 30384-4753 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,611.69
3.318. Nonpriority creditor's name and mailing address W. L. FLOWERS 2585 S. US HWY 281 ALICE TX 78332-3036 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$315.00

3.319. Nonpriority creditor's name and mailing address W74 OIL TOOLS P.O. BOX 4442 ODESSA TX 79760-4442	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,857.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.320. Nonpriority creditor's name and mailing address WAGNER SUPPLY CO. P.O. BOX 225387 DALLAS TX 75222-5387	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$258.54
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.321. Nonpriority creditor's name and mailing address WALMART STORES INC. P.O. BOX 60982 ST LOUIS MO 63160-0982	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$234.25
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.322. Nonpriority creditor's name and mailing address WEBCO COATINGS P.O. BOX 90786 LAFAYETTE LA 70509-0786	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$250.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.323. Nonpriority creditor's name and mailing address WEILER CORPORATION P.O. BOX 782840 PHILADELPHIA PA 19178-2840	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$4,723.34
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.324. Nonpriority creditor's name and mailing address WHITNEY NATIONAL BANK- VISA P O BOX 23070 COLUMBUS GA 31902-3070	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$4,055.20
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.325. Nonpriority creditor's name and mailing address WILLIE L BROOME SMITH STAG LLC M STAG K MICALÉ A LIUZZA S WUSSOW 365 CANAL ST STE 2850 NEW ORLEANS LA 70130 Date or dates debt was incurred VARIOUS 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 # 2015-9412 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.326. Nonpriority creditor's name and mailing address WILLISTON FIRE & SAFETY 3420 2ND AVENUE WEST WILLISTON ND 58801-2616 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$541.85
3.327. Nonpriority creditor's name and mailing address WOMACK MACHINE SUPPLY CO. P. O. BOX 679055 DALLAS TX 75267-9055 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$339.63

3.328. Nonpriority creditor's name and mailing address WORK DESIGNS, LLC P.O. BOX 728 EUNICE LA 70535-0728	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$67.50
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.329. Nonpriority creditor's name and mailing address WSI P.O. BOX 5585 BISMARCK ND 58506-5585	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,000.00
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.330. Nonpriority creditor's name and mailing address XPO LOGISTICS FREIGHT, INC P.O. BOX 5160 PORTLAND OR 97208-5160	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$916.37
Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE TRADE	
Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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

YELLOW SHARK
VILSLEVVEJ 68
GREDSTEDBRO 6771
DENMARK

Date or dates debt was incurred

VARIOUS

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:

ACCOUNTS PAYABLE TRADE

Is the claim subject to offset?

- ☒ No
☐ Yes

Amount of claim

\$38,706.77

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
AMERICAN OIL CO INDIVIDUALLY & SUCCESSOR TO AMOCO OIL CO & AMOCO INC 320 SOMERULOS ST BATON ROUGE LA 70802-6129	Part 2 line 3.325	_____
AMERICAN OIL CO INDIVIDUALLY & SUCCESSOR TO AMOCO OIL CO & AMOCO INC 320 SOMERULOS ST BATON ROUGE LA 70802-6129	Part 2 line 3.325	_____
ANADARKO OGC CO FKA RME OIL AND GAS CO UNION PACIFIC OIL & GAS CO AND AMAX OIL & GAS BANKRUPTCY LEGAL DEPT 1201 LAKE ROBINS DR THE WOODLANDS TX 77380	Part 2 line 3.325	_____
ANADARKO OGC CO FKA RME OIL AND GAS CO UNION PACIFIC OIL & GAS CO AND AMAX OIL & GAS BANKRUPTCY LEGAL DEPT 5615 CORPORATE BLVD STE 400B BATON ROUGE LA 70808	Part 2 line 3.325	_____
ANADARKO OGC CO FKA RME OIL AND GAS CO UNION PACIFIC OIL & GAS CO AND AMAX OIL & GAS BANKRUPTCY LEGAL DEPT 5615 CORPORATE BLVD STE 400B BATON ROUGE LA 70808	Part 2 line 3.325	_____
ANADARKO US OFFSHORE CORP INDIVIDUALLY & SUCCESSORT TO KERR-MCGEE OIL & GAS CORP 5615 CORPORATE BLVD STE 400B BATON ROUGE LA 70808	Part 2 line 3.325	_____
ANADARKO US OFFSHORE CORP INDIVIDUALLY & SUCCESSORT TO KERR-MCGEE OIL & GAS CORP 5615 CORPORATE BLVD STE 400B BATON ROUGE LA 70808	Part 2 line 3.325	_____
ARMBRUSTER & ASSOCIATES APLC GEORGE J ARMBRUSTER III 322 EAST FARREL RD STE D LAFAYETTE LA 70508	Part 2 line 3.178	_____

ATLANTIC RICHFIELD CO FKA ATLANTIC
RICHFIELD DELAWARE CORP
AKA ARCO OIL & GAS CO, INDIVIDUALLY &
SUCCESSORT IN INTEREST
TO ARCO OIL AND GAS CORPORATION
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

ATLANTIC RICHFIELD CO FKA ATLANTIC
RICHFIELD DELAWARE CORP
AKA ARCO OIL & GAS CO, INDIVIDUALLY &
SUCCESSORT IN INTEREST
TO ARCO OIL AND GAS CORPORATION
CT CORP SYSTEM REGISTERED AGENT
5615 CORPORATE BLVD STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

BP PRODUCTS NORTH AMERICA INC
INDIVIDUALLY &
SUCCESSORT IN INTO TO AMOCO OIL CO AND
AMERICAN OIL CO, PAN AMERICAN
PETROLEUM CORP AND STANOLIND OIL & GAS
104 CAMPUS DR EAST STE 104
DESTREHAN LA 70047

Part 2 line 3.325

BP PRODUCTS NORTH AMERICA INC
INDIVIDUALLY &
SUCCESSORT IN INTEREST TO AMOCO OIL CO
AND AMERICAN OIL CO, PAN AMERICAN
PETROLEUM CORP AND STANOLIND OIL & GAS
PRENTICE HALL REGISTERED AGENT
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

CARVER DARDEN KORETZKY TESSIER ET AL
W T FINN; L O MOSES; D F WAGUESPACK
1100 POYDRAS ST
ENERGY CENTRE STE 3100
NEW ORLEANS LA 70163

Part 2 line 3.324

CHEVRON USA INC
PRENTICE HALL CORP SYSTEM INC
REGISTERED AGENT
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

CHEVRON USA INC INDIVIDUALLY &
SUCCESSOR TO GULF OIL ETC ET AL
BANKRUPTCY LEGAL DEPT
100 NORTHPARK BLVD
COVINGTON LA 70433-5069

Part 2 line 3.325

CONOCOPHILLIPS COMPANY SUCCESSOR BY
MERGER TO
CONOCO INC FKA CONTINENTAL OIL CO
FKA PHILLIPS PETROLEUM CO
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

CONOCOPHILLIPS COMPANY SUCCESSOR BY
MERGER TO
CONOCO INC FKA CONTINENTAL OIL CO
FKA PHILLIPS PETROLEUM CO
UNITED STATE CORP CO REGISTERED AGENT
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

DEVON ENERGY PRODUCTION COMPANY LP
INDIVIDUALLY &
AS SUCCESSOR IN INTEREST TO DEVON
ENERGY CORPORATION,
PENNZENERGY COMPANY, PENNZOIL
COMPANY AND UNION PRODUCING COMPANY
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

DEVON ENERGY PRODUCTION COMPANY LP
INDIVIDUALLY &
AS SUCCESSOR IN INTEREST TO DEVON
ENERGY CORPORATION,
PENNZENERGY COMPANY, PENNZOIL
COMPANY AND UNION PRODUCING COMPANY
CT CORP SYSTEM REGISTERED AGENT
5615 CORPORATE BLVD STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

EXXON MOBIL CORPORATION INDIVIDUALLY &
SUCCESSOR IN INTEREST TO EXXON
CORPORATION
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

EXXON MOBIL CORPORATION INDIVIDUALLY &
SUCCESSOR IN INTEREST TO EXXON
CORPORATION
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

HESS CORPORATION FKA AMERADA
HESS CORPORATION FKA AMERADA
CORPORATION
FKA PETROLEUM CORPORATION
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

HESS CORPORATION FKA AMERADA
HESS CORPORATION FKA AMERADA
CORPORATION
FKA PETROLEUM CORPORATION
CT CORP SYSTEM REGISTERED AGENT
5615 CORPORATE BLVD STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

HHE ENERGY COMPANY FKA HASSIE
HUNT EXPLORATION COMPANY AND HASSIE
HUNT, INCORPORATED
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

HHE ENERGY COMPANY FKA HASSIE
HUNT EXPLORATION COMPANY AND HASSIE
HUNT, INCORPORATED
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

HUNT OIL COMPANY
2924 HIGHWAY 93
CARENCRO LA 70520

Part 2 line 3.325

HUNT OIL COMPANY
CT CORP SYSTEM REGISTERED AGENT
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

INTRACOASTAL TUBULAR SERVICES INC
FKA INTRACOASTAL TRUCK LINE INC
8440 JEFFERSON HWY
STE 301
BATON ROUGE LA 70809

Part 2 line 3.325

INTRACOASTAL TUBULAR SERVICES INC
FKA INTRACOASTAL TRUCK LINE INC
8440 JEFFERSON HWY
STE 301
BATON ROUGE LA 70809

Part 2 line 3.325

JONES WALKER
NORMAN E SKEET ANSEMAN III
1200 CAMELLIA BLVD STE 206
LAFAYETTE LA 70508

Part 2 line 3.237

KNIGHT RESOURCES LLC
ATTN C GRIFFIN
2727 SE EVANGELINE THRUWAY
LAFAYETTE LA 70508

Part 2 line 3.1

LINEBARGER GOGGAN BLAIR & SAMPSON LLP
JOHN P DILLMAN
P O BOX 3064
HOUSTON TX 77253-3064

Part 1 line 2.9

LINEBARGER GOGGAN BLAIR & SAMPSON LLP
ELIZABETH WELLER
2777 N STEMMONS FREEWAY STE 1000
DALLAS TX 75207

Part 1 line 2.43

LINEBARGER GOOGAN BLAIR & SAMPSON LLP
DIANE WADE SANDERS
P O BOX 17428
AUSTIN TX 78760

Part 1 line 2.114

MARATHON OIL COMPANY INDIVIDUALLY &
SUCCESSORT IN INTEREST TO USS HOLDING
COMPANY
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

MARATHON OIL COMPANY INDIVIDUALLY &
SUCCESSORT IN INTEREST TO USS HOLDING
COMPANY
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

MOBILE EXPLORATION AND PRODUCING NORTH
AMERICA INC
SUBSTITUTED IN PLACE OF SUPERIOR OIL
COMPANY
22777 SPRINGWOODS VILLAGE PKWY
SPRING TX 77389

Part 2 line 3.325

MOBILE EXPLORATION AND PRODUCING NORTH
AMERICA INC
SUBSTITUTED IN PLACE OF SUPERIOR OIL
COMPANY
THE PRENTICE HALL CORPORATION SYSTEM
INC ITS AGENT
1201 HAYS ST
TALLAHASSEE FL 32301

Part 2 line 3.325

OXY USA INC FKA
CITIES SERVICE OIL AND GAS CORPORATION
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

OXY USA INC FKA
CITIES SERVICE OIL AND GAS CORPORATION
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

PLACID OIL COMPANY
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

PLACID OIL COMPANY
CT CORP SYSTEM REGISTERED AGENT
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

SHELL OFFSHORE INC
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

SHELL OFFSHORE INC
CT CORP SYSTEM REGISTERED AGENT
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

SHELL OIL COMPANY
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

SHELL OIL COMPANY
CT CORP SYSTEM REGISTERED AGENT
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

SWEPI LP INDIVIDUALLY &
SUCCESSORT IN INTEREST SHELL WESTERN
E&P INC
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

SWEPI LP INDIVIDUALLY &
SUCCESSORT IN INTEREST SHELL WESTERN
E&P INC
5615 CORPORATE BLVD
STE 400B
BATON ROUGE LA 70808

Part 2 line 3.325

THE LOUISIANA LAND AND EXPLORATION
COMPANY LLC
FKA THE LOUISIANA LAND AND EXPLORATION
COMPANY
FKA BORDER RESEARCH CORPORATION
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

THE LOUISIANA LAND AND EXPLORATION
COMPANY LLC
FKA THE LOUISIANA LAND AND EXPLORATION
COMPANY
FKA BORDER RESEARCH CORPORATION
CORPORATION SERVICE COMPANY
REGISTERED AGENT
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

THE TEXAS COMPANY FKA TEXACO INC
400 POYDRAS ST
NEW ORLEANS LA 70130

Part 2 line 3.325

THE TEXAS COMPANY FKA TEXACO INC
THE PRENTICE HALL CORPORATION
SYSTEM INC ITS AGENT
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

UNDERWRITERS AT LLOYDS LONDON
LOUISIANA SECURETARY OF STATE ITS AGENT
8585 ARCHIVES AVE
BATON ROUGE LA 70809

Part 2 line 3.325

UNION OIL COMPANY OF CALIFORNIA
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

UNION OIL COMPANY OF CALIFORNIA
CORPORATION SERVICE COMPANY ITS AGENT
320 SOMERULOS ST
BATON ROUGE LA 70802-6129

Part 2 line 3.325

UNITED STATES FIDELITY AND GUARANTY CO
LOUISIANA SECURETARY OF STATE ITS AGENT
8585 ARCHIVES AVE
BATON ROUGE LA 70809

Part 2 line 3.325

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.		UNDETERMINED
5b. Total claims from Part 2	5b.	+	\$1,568,100.11
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$1,568,100.11

Fill in this information to identify the case:**Debtor name:** Knight Manufacturing, LLC**United States Bankruptcy Court for the:** Western District of Louisiana**Case number (if known):** 17-51016☐ 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** RESTRUCTURING SUPPORT AGREEMENT

State what the contract or lease is for RESTRUCTURING SUPPORT AGREEMENT

Nature of debtor's interest RESTRUCTURING SUPPORT AGREEMENT

State the term remaining UNDETERMINED

List the contract number of any government contract _____

ANN KNIGHT
2727 SE EVANGELINE THRUWAY
LAFAYETTE LA 70508-2205

2.2. **Title of contract** RESTRUCTURING SUPPORT AGREEMENT

State what the contract or lease is for RESTRUCTURING SUPPORT AGREEMENT

Nature of debtor's interest RESTRUCTURING SUPPORT AGREEMENT

State the term remaining UNDETERMINED

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

BRYAN R. KNIGHT
2727 SE EVANGELINE THRUWAY
LAFAYETTE LA 70508-2205

2.3. **Title of contract** RESTRUCTURING SUPPORT AGREEMENT

State what the contract or lease is for RESTRUCTURING SUPPORT AGREEMENT

Nature of debtor's interest RESTRUCTURING SUPPORT AGREEMENT

State the term remaining UNDETERMINED

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

CANTOR FITZGERALD SECURITIES
1801 N. MILITARY TRAIL
SUITE 202
BOCA RATON FL 33431

- | | | | |
|------|---|---|---|
| 2.4. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | WORK ORDER NO. CW1418216
WORK ORDER
CONTRACTOR
OCTOBER 31, 2020
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name and Address Intentionally Omitted |
| 2.5. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | RESTRUCTURING SUPPORT AGREEMENT
RESTRUCTURING SUPPORT AGREEMENT
RESTRUCTURING SUPPORT AGREEMENT
UNDETERMINED
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

CLEARLAKE CAPITAL PARTNERS IV FINANCE, L.P.
MCGLINCHEY STAFFORD PLLC
RUDY J. CERONE
SARAH EDWARDS
601 POYDRAS ST 12TH FL
NEW ORLEANS LA 70130 |
| 2.6. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | ISO 9001:2015 TRANSITION CONTRACT AMENDMENT
MANAGEMENT SYSTEM CERTIFICATION AGREEMENT
CUSTOMER
SEPTEMBER 15, 2018
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name and Address Intentionally Omitted |
| 2.7. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | TECHNOLOGY LICENSE AGREEMENT
TECHNOLOGY LICENSE AGREEMENT
LICENSEE
MONTH TO MONTH
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name and Address Intentionally Omitted |
| 2.8. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | TECHNOLOGY LICENSE AGREEMENT, FIRST AMENDMENT
TECHNOLOGY LICENSE AGREEMENT
LICENSEE
MONTH TO MONTH
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Name and Address Intentionally Omitted |

2.9.	Title of contract	COMMERCIAL LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HMC LEASING, LLC 2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508
	State what the contract or lease is for	INTERCOMPANY REAL ESTATE LEASE	
	Nature of debtor's interest	2810-A MCLANCON ROAD, BROUSSARD, LOUISIANA 70518 - LESSEE	
	State the term remaining	SEPTEMBER 1, 2024	
	List the contract number of any government contract	_____	
2.10.	Title of contract	COMMERCIAL LEASE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease HMC LEASING, LLC 2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508
	State what the contract or lease is for	INTERCOMPANY REAL ESTATE LEASE	
	Nature of debtor's interest	3 LAYOS DRIVE, BUILDING 3, ROCK SPRINGS, WYOMING 82901 - LESSEE	
	State the term remaining	SEPTEMBER 1, 2024	
	List the contract number of any government contract	_____	
2.11.	Title of contract	RESTRUCTURING SUPPORT AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease KELLY KNIGHT SOBIESK 2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508-2205
	State what the contract or lease is for	RESTRUCTURING SUPPORT AGREEMENT	
	Nature of debtor's interest	RESTRUCTURING SUPPORT AGREEMENT	
	State the term remaining	UNDETERMINED	
	List the contract number of any government contract	_____	
2.12.	Title of contract	RESTRUCTURING SUPPORT AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease MARK E. KNIGHT 2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508-2205
	State what the contract or lease is for	RESTRUCTURING SUPPORT AGREEMENT	
	Nature of debtor's interest	RESTRUCTURING SUPPORT AGREEMENT	
	State the term remaining	UNDETERMINED	
	List the contract number of any government contract	_____	
2.13.	Title of contract	SUB-LICENSE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease Name and Address Intentionally Omitted
	State what the contract or lease is for	SUB-LICENSE AGREEMENT	
	Nature of debtor's interest	SUB-LICENSEE	
	State the term remaining	JANUARY 18, 2022	
	List the contract number of any government contract	_____	

2.14. **Title of contract** WAREHOUSE AGREEMENT**State what the contract or lease is for** WAREHOUSE AGREEMENT**Nature of debtor's interest** LESSEE**State the term remaining** UNDETERMINED**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**METAL ONE AMERICA, INC
6250 N. RIVER ROAD
SUITE 2055
ROSEMONT IL 600182.15. **Title of contract** LEASE AGREEMENT**State what the contract or lease is for** REAL ESTATE LEASE**Nature of debtor's interest** LESSEE**State the term remaining** JANUARY 16, 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**RAYNE LAND PLANES, INC.
Address Intentionally Omitted

Fill in this information to identify the case:**Debtor name:** Knight Manufacturing, LLC**United States Bankruptcy Court for the:** Western District of Louisiana**Case number (if known):** 17-51016☐ 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. ADVANCED SAFETY & TRAINING MANAGEMENT, LLC	2725 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. EL CABALLERO RANCH, INC.	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3. HMC INVESTMENTS, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4. HMC LEASING, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5. KDCC, LLC F/K/A KNIGHT WELL SERVICES, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6. KNIGHT AVIATION, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. KNIGHT DUTCH HOLDINGS, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8. KNIGHT ENERGY HOLDINGS, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9. KNIGHT FAMILY ENTERPRISES, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10. KNIGHT INFORMATION SYSTEMS, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11. KNIGHT INTERNATIONAL, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12. KNIGHT OIL TOOLS, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13. KNIGHT RESEARCH & DEVELOPMENT, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14. KNIGHT RESOURCES, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.15. KNIGHT SECURITY, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16. RAYNE PROPERTIES, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17. TRI-DRILL, LLC	2727 SE EVANGELINE THRUWAY LAFAYETTE LA 70508	CANTOR FITZGERALD SECURITIES, AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name: Knight Manufacturing, LLC

United States Bankruptcy Court for the: Western District of Louisiana

Case number (if known): 17-51016

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 9/5/2017
MM/DD/YYYY

x /s/ Mark Comeaux

Signature of individual signing on behalf of debtor

Mark Comeaux
Printed name

Chief Financial Officer
Position or relationship to debtor