

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re

Mishti Holdings LLC, *et al.*,

Debtors.<sup>1</sup>

Chapter 11

Case No. 19-11813 (CSS)

Jointly Administered

**SCHEDULES OF ASSETS AND LIABILITIES FOR  
LOLLI AND POPS, INC. (CASE NO. 19-11814)**

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<sup>1</sup> The Debtors in these cases, along with the last four digits of each Debtors' federal EIN, are as follows: Mishti Holdings LLC (1193); Lolli and Pops, Inc. (1938); and Meetha Ventures LLC (3065). The Debtors' mailing address is 4 Embarcadero Center, Suite 780, San Francisco, CA 94111.

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

**Introduction**

Mishti Holdings LLC, Lolli and Pops, Inc. and Meetha Ventures LLC (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 District of Delaware (the “Bankruptcy Court”), pursuant to section 521 of title 11 of the United States Code (the “Bankruptcy Code”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”).

These Global Notes, Methodology, and Specific Disclosures Regarding the Debtors’ Schedules of Assets and Liabilities and Statement of Financial Affairs (the “Global Notes”) pertain to, are incorporated by reference in, and comprise an integral part of each Debtor’s Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.<sup>2</sup>

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 (whether publicly filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment,

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<sup>2</sup> These Global Notes are in addition to any specific notes contained in each Debtor’s Schedules and Statements. The fact that the Debtors have prepared a “general note” with respect to any of the Schedules and Statements and not to others should not be interpreted as a decision by the Debtors to exclude the applicability of such general note to any of the Debtors’ remaining Schedules and Statements.

and reflect the Debtors' reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.

In preparing the Schedules and Statements, the Debtors relied upon information derived from their books and records that was available at the time of such preparation. Although the Debtors have made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Debtors and their officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, the Debtors and their officers, employees, agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized. The Debtors, on behalf of themselves, their officers, employees, agents and advisors disclaim any liability to any third party arising out of or related to the information contained in the Schedules and Statements and reserve all rights with respect thereto.

The Schedules and Statements have been signed by an authorized representative of each of the Debtors. In reviewing and signing the Schedules and Statements, this representative relied upon the efforts, statements and representations of the Debtors' other personnel and professionals. The representative has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

### **Global Notes and Overview of Methodology**

1. **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 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 claim ("**Claim**") description, designation, or Debtor against which the Claim is asserted; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; 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, recharacterization, 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 of 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.

The listing in the Schedules or Statements (including, without limitation, Schedule A/B, Schedule E/F or Statement 4) by the Debtors of any obligation between a Debtor and another Debtor is a statement of what appears in the Debtors' books and records and does not reflect any admission or conclusion of the Debtors regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court.

2. **Description of Cases and "as of" Information Date.** On August 12, 2019 (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 14, 2019, the Bankruptcy Court entered an order directing procedural consolidation and joint administration of the Debtors' chapter 11 cases [Docket No. 37].

The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtors as of the close of business on August 3, 2019 and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtors as of August 12, 2019.

3. **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 Debtors' Schedules and Statements reflect net book values as of the close of business on August 3, 2019, in the Debtors' books and records. Additionally, because the book values of certain assets, may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.
4. **Recharacterization.** Notwithstanding the Debtors' 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 recharacterize, 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.

5. **Real Property and Personal Property—Leased.** In the ordinary course of their businesses, the Debtors lease real property and various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Debtors have made reasonable efforts to list all such leases in the Schedules and Statements. The Debtors have made reasonable efforts to include lease obligations on Schedule D (secured debt) to the extent applicable and to the extent the lessor filed a UCC-1. However, nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement).
6. **Excluded Assets and 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.

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.

The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, goodwill, accrued salaries, employee benefit accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

The Bankruptcy Court has authorized the Debtors to pay, in their discretion, certain outstanding Claims on a postpetition basis. Prepetition liabilities which have been paid postpetition have been excluded from the Schedules and Statements. 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 rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

7. **Insiders.** Solely, for purposes of the Schedules and Statements, the Debtors define "insiders" to include the following: (a) directors; (b) senior level officers; (c) equity holders holding in excess of 5% of the voting securities of the Debtor entities; (d) Debtor affiliates; and (e) relatives of any of the foregoing (to the extent known by the Debtors). Entities listed as "insiders" have been included for informational purposes and their inclusion shall not constitute an admission that those entities are insiders for purposes of section 101(31) of the Bankruptcy Code.
8. **Intellectual Property Rights.** The exclusion of any 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. Conversely, inclusion of certain intellectual

property shall not be construed to be an admission that such intellectual property rights have not 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. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all such intellectual property rights.

9. **Intercompany and Other Transactions.** For certain reporting and internal accounting purposes, the Debtors record certain intercompany receivables and payables. Receivables and payables among the Debtors are reported as assets on Schedule A/B or liabilities on Schedule E/F part 2, as appropriate (collectively, the “*Intercompany Claims*”). Intercompany Claims are reported as of August 3, 2019. While the Debtors have used commercially reasonable efforts to ensure that the proper intercompany balance is attributed to each legal entity, the Debtors and their estates reserve all rights to amend the Intercompany Claims in the Schedules and Statements, including, without limitation, to change the characterization, classification, categorization or designation of such claims, including, but not limited to, the right to assert that any or all Intercompany Claims are, in fact, consolidated or otherwise properly assets or liabilities of a different Debtor entity. Although separate Schedules and Statements have been prepared and filed for each of the Debtors, certain of the information set forth in the Schedules and Statements has been prepared on a consolidated basis. As a result, the Schedules and Statements do not reflect all intercompany activity.

The listing in the Schedules or Statements (including, without limitation, Schedule A/B or Schedule E/F) by the Debtors of any obligation between a Debtor and another Debtor is a statement of what appears in the Debtors’ books and records and does not reflect any admission or conclusion of the Debtors regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court.

10. **Executory Contracts and Unexpired Leases.** Although the Debtors made diligent attempts to attribute executory contracts and unexpired leases to their rightful Debtors, in certain instances, the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors’ businesses.

While every effort has been made to ensure the completeness and accuracy of the listing of executory contracts, inadvertent errors or omissions may have occurred. 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, and other documents instruments and agreements which may not be listed therein. Such rights, powers, duties, and obligations are not set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Additionally, the Debtors may be parties to various other agreements concerning real property, such as easements, rights of way, air rights, subordination, non-disturbance, supplemental agreements, amendments/letter agreements, title documents, consents, site plans, maps, and other miscellaneous

agreements. Such agreements, if any, may not be set forth in Schedule G. Similarly, the absence of a contract or agreement on Schedule G does not constitute an admission that any other contract or agreement to which a Debtor is a party is not executory.

Moreover, other than real property leases reported in 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.

11. **Materialman's/Mechanic's Liens.** The assets listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.
12. **Classifications.** Listing a Claim or contract on (a) Schedule D as "secured," (b) Schedule E/F part 1 as "priority," (c) Schedule E/F part 2 as "unsecured," or (d) 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 recharacterize or reclassify such Claims or contracts or leases or to exercise their rights to setoff against such Claims.
13. **Claims Description.** Schedules D and E/F permit each Debtor 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. Moreover, listing a Claim does not constitute an admission of liability by the Debtors.
14. **Secured Claims.** Secured claim amounts have been listed on Schedules D without regard to the value of assets secured thereby. No attempt was made by the Debtors to estimate the fair market value of assets pledged pursuant to any secured obligations as of the Petition Date. Accordingly, deficiency claims of secured creditors were not listed on Schedules F and such omission is not an admission by the Debtors as to the sufficiency of collateral related to any secured claim listed on Schedules D. In certain instances, a Debtor may be a co-obligor, co-mortgagor, or guarantor with respect to scheduled claims of other Debtors, and no claim set forth on Schedules D of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other entities. The descriptions provided in Schedules D are intended only to be a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral the nature, extent, and priority of any liens.
15. **Causes of Action.** Despite their 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, counter-Claim, 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.

**16. Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies:

- a. Undetermined Amounts. The description of an amount as “unknown,” “TBD” or “undetermined” is not intended to reflect upon the materiality of such amount.
- b. 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.
- c. 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.
- d. Payments made on the Debtors’ behalf within 90 days prior to the Petition Date have been attributed to the Debtor that made the payment without regard to which Debtors was obligated to make the payment.

**17. Estimates and Assumptions.** Because of the timing of the filings, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. Actual amounts could differ from those estimates, perhaps materially.

**18. Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.

**19. Setoffs.** The Debtors incur certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, pricing discrepancies, returns, refunds, warranties, debit memos, credits, and other disputes between the Debtors and their suppliers and/or customers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtors’ industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets are not independently accounted for, and, as such, are or may be excluded from the Debtors’ Schedules and Statements.

**20. Global Notes Control.** If 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.** All values set forth in Schedule A/B reflect the book value of the Debtors' assets as of the close of business on August 3, 2019, unless otherwise noted below. Other than real property leases reported on Schedule A/B 55, the Debtors have not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

**Schedule A/B 3.** Cash values held in financial accounts are listed on Schedule A/B 3 as of the close of business on August 11, 2019. Details with respect to the Debtors' cash management system and bank accounts are provided in the *Debtors' Motion For Entry Of Interim And Final Orders (I) Authorizing Continued Use Of Cash Management System, (II) Authorizing Use Of Prepetition Bank Accounts, Account Control Agreements, And Payment Methods, (III) Authorizing Use Of Existing Business Forms, (IV) Authorizing Continuation Of Ordinary Course Intercompany Transactions, (V) Granting Administrative Priority To Postpetition Intercompany Claims, (VI) Extending Time To Comply With The Requirements Of 11 U.S.C. § 345(B), (VII) Scheduling A Final Hearing, And (VIII) Granting Related Relief* [Docket No. 5] (the "**Cash Management Motion**").

**Schedule A/B 7.** Deposits listed on Schedule A/B 7 are listed as of the close of business on August 11, 2019. The Bankruptcy Court, pursuant to the *Debtors' Motion For Entry Of Interim And Final Orders (I) Prohibiting Utility Providers From Altering, Refusing Or Discontinuing Utility Services, (II) Approving Proposed Adequate Assurance Of Payment To Utility Providers And Authorizing Debtors To Provide Additional Assurance, (III) Establishing Procedures To Resolve Requests For Additional Assurance And (IV) Granting Related Relief* [Docket No. 10], has authorized the Debtors to provide adequate assurance of payment for postpetition utility services, including a deposit in the amount of \$50,000.00. Such deposit is not listed on Schedule A/B 7, which was prepared as of the Petition Date.

**Schedule A/B 11.** Accounts receivable do not include intercompany receivables. Intercompany receivables are reported on Schedule A/B 77.

**Schedule A/B 15.** Certain ownership interests in subsidiaries have been listed in Schedules A/B 15 as an undetermined amount because the fair market value of such ownership is dependent on numerous variables and factors and likely differs significantly from their net book value.

**Schedule A/B 55.** The Debtors do not own any real property. The Debtors have listed their real property leases in Schedule A/B 55.

**Schedule A/B 63.** The Debtors maintain a customer database. The amount is listed as undetermined because the fair market value of such ownership cannot be determined.

**Schedule A/B 74 & 75.** In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds, or warranty Claims. Additionally, certain of the Debtors may be a party to

pending litigation in which the Debtors have asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtors and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to these questions shall not constitute a waiver, release, relinquishment, or forfeiture of such claim.

**Schedule D.** The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

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 on Schedule D, real property lessors, utility companies, and other parties that may hold security deposits have not been listed 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, letters of credit, surety bonds, or inchoate statutory lien rights.

**Schedule E/F part 2.** The Debtors have used reasonable efforts to report all general unsecured Claims against the Debtors on Schedule E/F part 2, based upon the Debtors' books and records as of the Petition Date.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list a date for each Claim listed on Schedule E/F part 2. Furthermore, claims listed on Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving the Debtors. The dollar amount of potential Claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E/F may be subject to subordination pursuant to section 510 of the Bankruptcy Code. Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtors' liabilities with respect to any of the potential suits and proceedings included therein. The Debtors expressly incorporate by reference into Schedule E/F part 2 all parties to pending litigation listed in the Debtors' Statements 7, as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F part 2.

Schedule E/F part 2 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 assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

**Schedule G.** Certain information, such as the contact information of the counterparty, may not be included where such information could not be obtained using the Debtors' reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease, was in effect on the Petition Date, or is valid or enforceable. Certain of the leases and contracts 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.

Certain confidentiality and non-disclosure agreements may not be listed on Schedule G.

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. 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 expressly reserve their rights to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable or separate contracts.

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 addition, the Debtors may have entered into various other types of agreements in the ordinary course of their businesses, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.

**Schedule H.** For purposes of Schedule H, the Debtors that are either the principal obligors or guarantors under the 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.

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 counter-Claims against other parties. Because the Debtors have treated all such Claims as 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 part 2 and Statement 7, as applicable.

**Specific Disclosures with Respect to the Debtors' Statements**

**Statement 3.** Statement 3 includes any disbursement or other transfer made by the Debtors within 90 days before the Petition Date except for those made to insiders (which payments appear in response to Statement question 4), employees, and bankruptcy professionals (which payments appear in Statement 11 and include any retainers paid to bankruptcy professionals). The amounts listed in Statement 3 reflect the Debtors' disbursements netted against any check level detail; thus, to the extent a disbursement was made to pay for multiple invoices, only one entry has been listed on Statement 3.

**Statement 4.** Statement 4 accounts for a respective Debtor's intercompany transactions, as well as other transfers to insiders as applicable. With respect to individuals, the amounts listed reflect the universe of payments and transfers to such individuals including compensation, bonus (if any), expense reimbursement, relocation reimbursement, and/or severance. Amounts paid on behalf of such employee for certain life and disability coverage, which coverage is provided to all of the Debtors' employees, has not been included.

**Statement 5.** Statement 5 excludes goods returned in the ordinary course of business.

**Statement 7.** 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 10.** The Debtors occasionally incur losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses if such losses do not have a material impact on the Debtors' businesses or are not reported for insurance purposes. The losses listed on Statement 10 are based on the estimated amounts currently owed and are not intended to be an admission of the amounts owed.

**Statement 11.** Out of an abundance of caution, the Debtors have included payments to all professionals who have rendered any advice related the Debtors' bankruptcy proceedings in Statement 11. However, it is possible that the disclosed fees also relate to other, non-bankruptcy related services, and may include services rendered to other parties.

**Statement 26d.** The Debtors have provided financial statements in the ordinary course of their businesses to numerous financial institutions, creditors, and other parties within two years immediately before the Petition Date. Considering the number of such recipients and the possibility that such information may have been shared with parties without the Debtors' knowledge or consent or subject to confidentiality agreements, the Debtors have not disclosed any parties that may have received such financial statements for the purposes of Statement 26d.

**Statement 30.** Unless otherwise indicated in a Debtor's specific response to Statement 30, the Debtors have included a comprehensive response to Statement 30 in Statement 4.

**Fill in this information to identify the case:****Debtor name:** Lolli and Pops, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11814☐ 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 .....

\$5,557,493.06

**1c. Total of all property:**

Copy line 92 from Schedule A/B .....

\$5,557,493.06

**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 .....

\$281,055.05

**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 .....

\$11,893.39

**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 .....

+ \$124,315.03

**4. Total liabilities**

Lines 2 + 3a + 3b .....

\$417,263.47

**Fill in this information to identify the case:****Debtor name:** Lolli and Pops, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11814☐ 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. _____	_____	_____	\$ _____

**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.

\$0.00

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**☐ No. Go to Part 3.☒ Yes. Fill in the information below

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Current value of  
debtor's interest

7.1. \_\_\_\_\_ \$ \_\_\_\_\_

**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. LICENSE AGREEMENT PREPAYMENT \$23,750.00  
 EXOTIC COLORS COMMERCIAL INVESTMENTS L.L.C

**9. Total of part 2**

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

\$23,750.00

**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: \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = ..... → \$ \_\_\_\_\_

Face amount

Doubtful or uncollectible  
accounts

11b. Over 90 days old: \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = ..... → \$ \_\_\_\_\_

**12. Total of part 3**

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

\$0.00

**Part 4: Investments****13. Does the debtor own any investments?**

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

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

Name of fund or stock

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

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

Name of entity

% of ownership

15.1. MEETHA VENTURES LLC 100.00% Net Book Value \$5,373,715.28

15.2. MISHTI HOLDINGS LLC 100.00% \_\_\_\_\_ UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****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.

**\$5,373,715.28****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
<b>19. Raw materials</b>				
19.1. _____	_____	\$ _____	_____	\$ _____
<b>20. Work in progress</b>				
20.1. _____	_____	\$ _____	_____	\$ _____
<b>21. Finished goods, including goods held for resale</b>				
21.1. _____	_____	\$ _____	_____	\$ _____
<b>22. Other inventory or supplies</b>				
22.1. _____	_____	\$ _____	_____	\$ _____

**23. Total of part 5**

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

**\$0.00****24. Is any of the property listed in Part 5 perishable?**☐ No☐ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes Book value: \$ \_\_\_\_\_ Valuation method: \_\_\_\_\_ Current value: \$ \_\_\_\_\_**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☐ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes. Fill in the information below.



Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops—either planted or harvested</b>			
28.1. _____	\$ _____	_____	\$ _____
<b>29. Farm animals.</b> Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____
<b>30. Farm machinery and equipment</b> (Other than titled motor vehicles)			
30.1. _____	\$ _____	_____	\$ _____
<b>31. Farm and fishing supplies, chemicals, and feed</b>			
31.1. _____	\$ _____	_____	\$ _____
<b>32. Other farming and fishing-related property not already listed in Part 6</b>			
32.1. _____	\$ _____	_____	\$ _____
<b>33. Total of part 6</b>			\$0.00

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

**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
<b>39. Office furniture</b>			
39.1. _____	\$ _____	_____	\$ _____
<b>40. Office fixtures</b>			
40.1. _____	\$ _____	_____	\$ _____

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****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. _____	\$ _____	_____	\$ _____

**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. _____	\$ _____	_____	\$ _____
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**43. Total of part 7**

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

\$0.00

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

- ☐ No  
☐ Yes

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

- ☐ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1. _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories.</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1. _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1. _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
50.1. _____	\$ _____	_____	\$ _____

**51. Total of part 8**

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

\$0.00

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

- ☐ No  
☐ Yes

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

- ☐ No  
☐ Yes

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****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. \_\_\_\_\_ LEASEHOLD INTEREST \_\_\_\_\_ UNDETERMINED \_\_\_\_\_ UNDETERMINED

OFFICE

OFFICE

4 EMBARCADERO CENTER

SUITE 780

SAN FRANCISCO CA 94111

**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
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**60. Patents, copyrights, trademarks, and trade secrets**

60.1.	TRADEMARK - "PURVEYORS OF SWEETNESS" BAHRAIN - REFERENCE # 14-20043-BH-1 FILED 11/25/2018, APPLICATION # 124614, PUBLISHED 030	UNDETERMINED	_____	UNDETERMINED
60.2.	TRADEMARK - "PURVEYORS OF SWEETNESS" BAHRAIN - REFERENCE # 14-20043-BH-2 FILED 11/25/2018, APPLICATION # 124615, PUBLISHED 035	UNDETERMINED	_____	UNDETERMINED
60.3.	TRADEMARK - "PURVEYORS OF SWEETNESS" CANADA - REFERENCE # 14-20043-CA FILED 9/30/2015, APPLICATION # 1748357, REISTRATION # TMA1005349, REGISTERED 035	UNDETERMINED	_____	UNDETERMINED
60.4.	TRADEMARK - "PURVEYORS OF SWEETNESS" EUROPEAN UNION (EUTM & RCD) - REFERENCE # 14-20043-WO-EU FILED 9/15/2015, APPLICATION & REGISTRATION # 1276269, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

60.5.	TRADEMARK - "PURVEYORS OF SWEETNESS" JAPAN - REFERENCE # 14-20043-WO-JP FILED 9/15/2015, APPLICATION & REGISTRATION # 1276269, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.6.	TRADEMARK - "PURVEYORS OF SWEETNESS" KUWAIT - REFERENCE # 14-20043-KW-1, FILED 11/28/2018, APPLICATION # 2018009981, PUBLISHED 030	UNDETERMINED	_____	UNDETERMINED
60.7.	TRADEMARK - "PURVEYORS OF SWEETNESS" KUWAIT - REFERENCE # 14-20043-KW-2, FILED 11/28/2018, APPLICATION # 2018009980, PUBLISHED 035	UNDETERMINED	_____	UNDETERMINED
60.8.	TRADEMARK - "PURVEYORS OF SWEETNESS" MEXICO - REFERENCE # 14-20043-WO-MX FILED 9/15/2015, APPLICATION & REGISTRATION # 1286269, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.9.	TRADEMARK - "PURVEYORS OF SWEETNESS" OMAN - REFERENCE # 14-20043-OM-1, FILED 11/25/2018, APPLICATION # 123934, PUBLISHED 030	UNDETERMINED	_____	UNDETERMINED
60.10.	TRADEMARK - "PURVEYORS OF SWEETNESS" OMAN - REFERENCE # 14-20043-OM-2, FILED 11/25/2018, APPLICATION # 123935, PUBLISHED 035	UNDETERMINED	_____	UNDETERMINED
60.11.	TRADEMARK - "PURVEYORS OF SWEETNESS" RUSSIA - REFERENCE # 14-20043-WO-RU, FILED 9/15/2015, APPLICATION & REGISTRATION # 1276269, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.12.	TRADEMARK - "PURVEYORS OF SWEETNESS" SWITZERLAND - REFERENCE # 14-20043-WO-CH, FILED 9/15/2015, APPLICATION & REFERENCE # 1276269, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.13.	TRADEMARK - "PURVEYORS OF SWEETNESS" UNITED STATES - REFERENCE # 14-20043-US, FILED 2/25/2013, APPLICATION # 85/858,970, REGISTRATION # 4,410,863, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.14.	TRADEMARK - "PURVEYORS OF SWEETNESS" WIPO - REFERENCE # 14-20043-WO, FILED 9/15/2015, APPLICATION # A0053140, REGISTRATION # 1276269, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.15.	TRADEMARK - "LOLLI AND POPS" AUSTRALIA - REFERENCE # 14-20041-WO-AU, FILED 10/15/2015, APPLICATION # 1156636, REGISTERED 2/7/2013, REGISTRATION # 1156636, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.16.	TRADEMARK - "LOLLI AND POPS" BAHRAIN - REFERENCE # 14-20041-BH-1 FILED 11/25/2018, APPLICATION # 124612, PUBLISHED 030	UNDETERMINED	_____	UNDETERMINED
60.17.	TRADEMARK - "LOLLI AND POPS" BAHRAIN - REFERENCE # 14-20041-BH-2 FILED 11/25/2018, APPLICATION # 124613, PUBLISHED 035	UNDETERMINED	_____	UNDETERMINED
60.18.	TRADEMARK - "LOLLI AND POPS" CANADA - REFERENCE # 14-20041-CA FILED 9/30/2015, APPLICATION # 1748356, REGISTERED 9/20/2018, REISTRATION # TMA1005349, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.19.	TRADEMARK - "LOLLI AND POPS" CHINA - REFERENCE # 14- 20041-WO-CN, FILED 2/7/2013, APPLICATION & REGISTRATION # 1156636, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.20.	TRADEMARK - "LOLLI AND POPS" CHINA - REFERENCE # 14- 20041-CN-2, FILED 8/16/2016, APPLICATION # 20989419, REGISTERED 10/14/2017, REGISTRATION # 20989419, REGISTERED 035	UNDETERMINED	_____	UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

60.21.	TRADEMARK - "LOLLI AND POPS" EGYPT - REFERENCE # 14-20041-EG-1, FILED 12/27/2018, APPLICATION # 383445, PENDING 030	UNDETERMINED	_____	UNDETERMINED
60.22.	TRADEMARK - "LOLLI AND POPS" EGYPT - REFERENCE # 14-20041-EG-2, FILED 12/27/2018, APPLICATION # 383444, PENDING 035	UNDETERMINED	_____	UNDETERMINED
60.23.	TRADEMARK - "LOLLI AND POPS" EUROPEAN UNION (EUTM & RCD) - REFERENCE # 14-20041-WO-EU FILED 2/7/2013, APPLICATION & REGISTRATION # 1156636, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.24.	TRADEMARK - "LOLLI AND POPS" INDIA - REFERENCE # 14-20041-WO-2-IN, FILED & REGISTERED 9/21/2015, APPLICATION & REGISTRATION # 1271272, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.25.	TRADEMARK - "LOLLI AND POPS" JAPAN - REFERENCE # 14-20041-WO-P, FILED & REGISTERED 2/7/2013, APPLICATION & REGISTRATION # 1156636, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.26.	TRADEMARK - "LOLLI AND POPS" JORDAN - REFERENCE # 14-20041-JO-1, MAILED 030	UNDETERMINED	_____	UNDETERMINED
60.27.	TRADEMARK - "LOLLI AND POPS" JORDAN - REFERENCE # 14-20041-JO-2, MAILED 035	UNDETERMINED	_____	UNDETERMINED
60.28.	TRADEMARK - "LOLLI AND POPS" KUWAIT - REFERENCE # 14-20041-KW-1, FILED 11/28/2018, APPLICATION # 2018009983, PENDING 030	UNDETERMINED	_____	UNDETERMINED
60.29.	TRADEMARK - "LOLLI AND POPS" KUWAIT - REFERENCE # 14-20041-KW-2, FILED 11/28/2018, APPLICATION # 2018009982, PENDING 035	UNDETERMINED	_____	UNDETERMINED
60.30.	TRADEMARK - "LOLLI AND POPS" LEBANON - REFERENCE # 14-20041-LB, REGISTERED 3/21/2019, REGISTRATION # 190612, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.31.	TRADEMARK - "LOLLI AND POPS" MEXICO - REFERENCE # 14-20041-WO-MX, FILED 10/15/2015, APPLICATION # 1156636, REGISTERED 2/7/2013, REGISTRATION # 1156636, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.32.	TRADEMARK - "LOLLI AND POPS" NEW ZEALAND - REFERENCE # 14-20041-WO-NZ, FILED 10/15/2015, APPLICATION # 1156636, REGISTERED 2/7/2013, REGISTRATION # 1156636, REGISTERED	UNDETERMINED	_____	UNDETERMINED
60.33.	TRADEMARK - "LOLLI AND POPS" OMAN - REFERENCE # 14-20041-OM-1, FILED 11/25/2018, APPLICATION # 123932, PUBLISHED 030	UNDETERMINED	_____	UNDETERMINED
60.34.	TRADEMARK - "LOLLI AND POPS" OMAN - REFERENCE # 14-20041-OM-2, FILED 11/25/2018, APPLICATION # 123933, PUBLISHED 035	UNDETERMINED	_____	UNDETERMINED
60.35.	TRADEMARK - "LOLLI AND POPS" QATAR - REFERENCE # 14-20041-QA-2, FILED 2/20/2019, APPLICATION # 129849, PUBLISHED 035	UNDETERMINED	_____	UNDETERMINED
60.36.	TRADEMARK - "LOLLI AND POPS" QATAR - REFERENCE # 14-20041-QA-1, FILED 2/20/2019, APPLICATION # 129847, PUBLISHED 030	UNDETERMINED	_____	UNDETERMINED
60.37.	TRADEMARK - "LOLLI AND POPS" RUSSIA - REFERENCE # 14-20041-WO-RU, FILED & REGISTERED 2/7/2013, # 1156636, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.38.	TRADEMARK - "LOLLI AND POPS" RUSSIA - REFERENCE # 14-20041-RU-2, FILED 8/4/2016, APPLICATION # 2016728454, REGISTERED 8/24/2017, # 627550, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

60.39.	TRADEMARK - "LOLLI AND POPS" SAUDI ARABIA - REFERENCE # 14-20041-SA-2, FILED 2/20/2019, APPLICATION # 174410, PENDING 035	UNDETERMINED	_____	UNDETERMINED
60.40.	TRADEMARK - "LOLLI AND POPS" SINGAPORE - REFERENCE # 14-20041-WO-SG, FILED 10/15/2015 AND REGISTERED 2/7/2014, # 1156636, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.41.	TRADEMARK - "LOLLI AND POPS" TEXAS - APPLICATION # 14-20041-USTX, FILED & REGISTERED 11/24/2014, # 801979371, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.42.	TRADEMARK - "LOLLI AND POPS" UNITED ARAB EMIRATES - REFERENCE # 14-20041-AE-1, FILED 2/24/2019, APPLICATION # 306802, PENDING 030	UNDETERMINED	_____	UNDETERMINED
60.43.	TRADEMARK - "LOLLI AND POPS" UNITED ARAB EMIRATES - REFERENCE # 14-20041-AE-2, FILED 2/24/2019, APPLICATION # 306803, PENDING 035	UNDETERMINED	_____	UNDETERMINED
60.44.	TRADEMARK - "LOLLI AND POPS" UNITED STATES - REFERENCE # 14-20041-US-1, FILED 8/21/2012, APPLICATION # 85/708,927, REGISTERED 4/30/2013, REGISTRATION # 4,327,695, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.45.	TRADEMARK - "LOLLI AND POPS" UNITED STATES - REFERENCE # 14-20041-US-2, FILED 2/24/2016, APPLICATION # 86/918,132, REGISTERED 9/27/2016, # 5,049,714, REGISTERED 035	UNDETERMINED	_____	UNDETERMINED
60.46.	TRADEMARK - "LP LOGO" UNITED STATES, FILED 2/25/2013, APPLICATION # 85/858,948, REGISTERED 10/14/2014, # 4,619,429, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.47.	TRADEMARK - "LOLLI AND POPS" WIPO - REFERENCE # 14-20041-WO, FILED AND REGISTERED 2/7/2013, APPLICATION AND REGISTRATION # 1156636, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.48.	TRADEMARK - "LOLLI AND POPS" WIPO - REFERENCE # 14-20041-WO-2, FILED AND REGISTERED 9/21/2015, APPLICATION # A0053290, REGISTRATION # 1271272, REGISTERED 030, 035	UNDETERMINED	_____	UNDETERMINED
60.49.	TRADEMARK - "LOLLI AND POPS" SAUDI ARABIA - REFERENCE # 14-20041-SA-1, FILED 2/20/2019, APPLICATION # 177408, PENDING 030	UNDETERMINED	_____	UNDETERMINED

**61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. LOLIANDPOP.COM	UNDETERMINED	_____	UNDETERMINED
61.2. LOLIANDPOPS.COM	UNDETERMINED	_____	UNDETERMINED
61.3. LOLLIANDPOPS.CA	UNDETERMINED	_____	UNDETERMINED
61.4. LOLLIANDPOPS.CO.IN	UNDETERMINED	_____	UNDETERMINED
61.5. LOLLIANDPOPS.CO.UK	UNDETERMINED	_____	UNDETERMINED
61.6. WWW.LOLLIANDPOPS.COM	UNDETERMINED	_____	UNDETERMINED
61.7. LOLLIANDPOPS.IN	UNDETERMINED	_____	UNDETERMINED
61.8. LOLLIANDPOPS.NET	UNDETERMINED	_____	UNDETERMINED
61.9. LOLLIANDPOPS.ORG	UNDETERMINED	_____	UNDETERMINED
61.10. LOLLIANDPOPSDEV.COM	UNDETERMINED	_____	UNDETERMINED
61.11. LOLLIANDPOPSGIFTING.COM	UNDETERMINED	_____	UNDETERMINED
61.12. LOLLIANDPOPSPROD.COM	UNDETERMINED	_____	UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****61. Internet domain names and websites**

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.13. LOLLIANPOPSUCKS.COM	UNDETERMINED	_____	UNDETERMINED
61.14. LOLLIANPOPSUCKS.COM	UNDETERMINED	_____	UNDETERMINED
61.15. LOLLIEANDPOPS.COM	UNDETERMINED	_____	UNDETERMINED
61.16. LOLLYANDPOPS.COM	UNDETERMINED	_____	UNDETERMINED
61.17. LOLYANDPOP.COM	UNDETERMINED	_____	UNDETERMINED
61.18. LOLYANDPOPS.COM	UNDETERMINED	_____	UNDETERMINED
61.19. LPLOYAL.CO	UNDETERMINED	_____	UNDETERMINED
61.20. LPLOYAL.COM	UNDETERMINED	_____	UNDETERMINED
61.21. LPLOYAL.INFO	UNDETERMINED	_____	UNDETERMINED
61.22. LPLOYAL.NET	UNDETERMINED	_____	UNDETERMINED
61.23. LPLOYAL.ORG	UNDETERMINED	_____	UNDETERMINED
61.24. LPLOYAL.STORE	UNDETERMINED	_____	UNDETERMINED
61.25. LPLOYAL.WORLD	UNDETERMINED	_____	UNDETERMINED
61.26. MYLANDP.COM	UNDETERMINED	_____	UNDETERMINED
61.27. MYLOLLIANPOPS.COM DEV.MYLOLLIANPOPS.COM GIFTING.MYLOLLIANPOPS.COM	UNDETERMINED	_____	UNDETERMINED
61.28. MYLP.MOBI	UNDETERMINED	_____	UNDETERMINED
61.29. MYLP.WORLD	UNDETERMINED	_____	UNDETERMINED
61.30. POPSLOLLI.COM	UNDETERMINED	_____	UNDETERMINED
61.31. POWELLSSS.COM	UNDETERMINED	_____	UNDETERMINED
61.32. CANDYOPOLIS.COM	UNDETERMINED	_____	UNDETERMINED
61.33. CANDYOPOLIS.NET	UNDETERMINED	_____	UNDETERMINED
61.34. SUGARMONKEY.COM	UNDETERMINED	_____	UNDETERMINED
61.35. LOLLIANPOPS.AE	UNDETERMINED	_____	UNDETERMINED
61.36. LOLLIANPOPS.BE	UNDETERMINED	_____	UNDETERMINED
61.37. LOLLIANPOPS.CN	UNDETERMINED	_____	UNDETERMINED
61.38. LOLLIANPOPS.COM.BR	UNDETERMINED	_____	UNDETERMINED
61.39. LOLLIANPOPS.JP	UNDETERMINED	_____	UNDETERMINED
61.40. LOLLIANPOPS.KR	UNDETERMINED	_____	UNDETERMINED
61.41. LOLLIANPOPS.MX	UNDETERMINED	_____	UNDETERMINED

**62. Licenses, franchises, and royalties**

62.1. LICENSE - EXOTIC COLORS COMMERCIAL INVESTMENTS L.L.C	UNDETERMINED	_____	UNDETERMINED
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**63. Customer lists, mailing lists, or other compilations**

63.1. _____	\$ _____	_____	\$ _____
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**64. Other intangibles, or intellectual property**

64.1. _____	\$ _____	_____	\$ _____
-------------	----------	-------	----------

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****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. ADMIRAL INSURANCE COMPANY	EMPLOYMENT PRACTICES AND FEES INSURANCE - POLICY # DEP1454804P3	_____	_____	_____	UNDETERMINED
73.2. SCOTTSDALE INSURANCE COMPANY	BUSINESS AND MANAGEMENT (BAM) INDEMNITY INSURANCE COVERAGE POLICY # EKS3274385	_____	_____	_____	UNDETERMINED



Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

73.3.	TRAVELERS	GLOBAL PACKAGE ZPP- 81M70002-18-GC	_____	_____	_____	UNDETERMINED
73.4.	TRAVELERS INDEMNITY COMPANY OF CONNECTICUT	AUTOMOBILE INSURANCE POLICY # BA7H0937328CAG	_____	_____	_____	UNDETERMINED
73.5.	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA	UMBRELLA INSURANCE POLICY # CUP7H22255818	_____	_____	_____	UNDETERMINED
73.6.	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA	WORKERS' COMPENSATION INSURANCE POLICY # UB7H11794318	_____	_____	_____	UNDETERMINED
73.7.	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA	COMMERCIAL GENERAL LIABILITY INSURANCE POLICY # Y6307H0932TIL18	_____	_____	_____	UNDETERMINED

**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.	_____	\$ _____
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**77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1.	INTERCOMPANY RECEIVABLE - MEETHA VENTURES, LLC	\$160,027.78
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**78. Total of part 11**

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

\$160,027.78
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**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****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. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$0.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$23,750.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$0.00	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$5,373,715.28	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$0.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$0.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> ..... →		UNDETERMINED
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i> +	\$160,027.78	
91. <b>Total.</b> Add lines 80 through 90 for each column. ....91a.	\$5,557,493.06	+ 91b. UNDETERMINED
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$5,557,493.06

**Fill in this information to identify the case:****Debtor name:** Lolli and Pops, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11814☐ 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**HORIZON RETAIL CONSTRUCTION INC  
LEGAL DEPT.  
9999 E EXPLORATION CT  
STURTEVANT WI 53177**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** Various**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**

API NO. 162-16-213-014

**Describe the lien**

LIEN RECORDED 4/15/2019, CLARK COUNTY RECORDER, DOCUMENT # 20190415-00021 04, 3327 LAS VEGAS BLVD., 2860, LAS VEGAS, NV 89109

**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

\$111,246.52

UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****2.2. Creditor's name and address**

HORIZON RETAIL CONSTRUCTION INC  
LEGAL DEPT.  
9999 E EXPLORATION CT  
STURTEVANT WI 53177

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred:** Various

**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**

API NOS. 162-16-311-002 & 162-16-311-010 \$92,116.24 UNDETERMINED

**Describe the lien**

LIEN RECORDED 4/15/2019, CLARK COUNTY RECORDER, DOCUMENT # 20190415-00017 52, 3377 LAS VEGAS BLVD., 2105, LAS VEGAS, NV 89109

**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**

KM KELLY, INC  
93 HUNTOON MEMORIAL HIGHWAY  
ROCHDALE MA 01542

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred:** Various

**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**

\_\_\_\_\_ \$25,336.71 UNDETERMINED

**Describe the lien**

NOTICE OF INTENTION TO CLAIM LIEN RECORDED JUNE 26, 2019 IN CITY OF PROVIDENCE, DOCUMENT NO. 00230224, BOOK 12400, PAGE 134

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

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

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

☒ Contingent

☒ Unliquidated

☒ Disputed

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****2.4. Creditor's name and address**

TRIANGLE SIGN & SERVICE LLC  
C/O MAIL CENTER  
REFERENCE ID: 2292211  
9450 SW GEMINI DR #7790  
BEAVERTON OR 97008-7105

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** Various**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**

APN #: 162-16-311-010

\$26,146.30

UNDETERMINED

**Describe the lien**NEVADA NOTICE OF LIEN RECORDED  
CLARK COUNTY, 4/16/2019, DOCUMENT  
NO. 20190416-0000347**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**

TRIANGLE SIGN & SERVICE LLC  
C/O MAIL CENTER  
REFERENCE ID: 2292211  
9450 SW GEMINI DR #7790  
BEAVERTON OR 97008-7105

**Creditor's email address, if known**  
\_\_\_\_\_**Date debt was incurred:** Various**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**

APN #: 162-16-311-009

\$26,209.28

UNDETERMINED

**Describe the lien**NEVADA NOTICE OF LIEN RECORDED  
CLARK COUNTY, 4/16/2019, DOCUMENT  
NO. 20190416-0000354**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out Schedule H: Codebtors  
(Official Form 206H).**As of the petition filing date, the claim is:**  
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$281,055.05

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****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.	BOWDITCH & DEWEY LLP DAVID TRAVERS ONE INTERNATIONAL PLACE SUITE 4410 BOSTON MA 02110	Line 2.3	_____
3.2.	RETAIL CONTRACTING GROUP, INC. 3880 LAVERNE AVENUE N SUITE 215 LAKE ELMO MN 55042	Line 2.3	_____

**Fill in this information to identify the case:****Debtor name:** Lolli and Pops, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11814☐ 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. <b>Priority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>Total claim</b>	<b>Priority amount</b>
AGRICULTURAL COMMISSIONER WEIGHTS AND MEASURE 11012 GARFIELD AVE SOUTH GATE CA 90280	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNDETERMINED	UNDETERMINED
<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>		<b>Nonpriority amount</b>
VARIOUS	TAX		UNDETERMINED
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>		
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2. <b>Priority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>Total claim</b>	<b>Priority amount</b>
ANNE ARUNDEL COUNTY HEALTH DEPT 3 HARRY S TRUMAN PKWY ANNAPOLIS MD 21401	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNDETERMINED	UNDETERMINED
<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>		<b>Nonpriority amount</b>
VARIOUS	TAX		UNDETERMINED
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>		
<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.3.	<b>Priority creditor's name and mailing address</b>  ANNE ARUNDEL COUNTY MARYLAND OFFICE OF FINANCE PO BOX 427 ANNAPOLIS MD 21404  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.4.	<b>Priority creditor's name and mailing address</b>  ASSESSOR OF VENTURA COUNTY DAN GOODWIN 800 S VICTORIA AVE VENTURA CA 93009  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.5.	<b>Priority creditor's name and mailing address</b>  ASSESSORS OFFICE 41 SOUTH CENTRAL AVE ST LOUIS MO 63105-1777  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED



Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.6.	<b>Priority creditor's name and mailing address</b>  BALTIMORE COUNTY MARYLAND 6401 YORK RD 3RD FLOOR BALTIMORE MD 21212  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.7.	<b>Priority creditor's name and mailing address</b>  BERNALILLO COUNTY ASSESSOR 501 TIJERAS AVE NW ALBUQUERQUE NM 87102  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.8.	<b>Priority creditor's name and mailing address</b>  BEXAR APPRAISAL DISTRICT 411 N FRIO ST SAN ANTONIO TX 78207  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.9.	<b>Priority creditor's name and mailing address</b>  BEXAR APPRAISAL DISTRICT VISTA VERDE PLAZA BUILDING 233 N PECOS LA TRINIDAD SAN ANTONIO TX 78207-3175  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.10.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS BAKERSFIELD DIRECTOR 7718 MEANY AVE BAKERSFIELD CA 93308  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.11.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS EL CENTRO DIRECTOR 1550 W MAIN ST EL CENTRO CA 92243  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.12.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS FRESNO DIRECTOR 770 E SHAW AVE STE 222 FRESNO CA 93710	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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									
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	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX								
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)									
2.13.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS LONG BEACH DIRECTOR 300 OCEANGATE STE 302 LONG BEACH CA 90802	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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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	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX								
	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)									
2.14.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS LOS ANGELES DIRECTOR 320 W FOURTH ST LOS ANGELES CA 90013	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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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	<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)									

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2.15.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS OAKLAND DIRECTOR 1515 CLAY ST ROOM 401 OAKLAND CA 94612  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <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										
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2.16.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS REDDING DIRECTOR 250 HEMSTEAD DR 2ND FL STE A REDDING CA 96002  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <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
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2.17.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SACRAMENTO DIRECTOR 2031 HOWE AVE STE 100 SACRAMENTO CA 95825  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <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
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2.18.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SALINAS DIRECTOR 1870 N MAIN ST STE 150 SALINAS CA 93906  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
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2.19.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SAN BERNARDINO DIRECTOR 464 W FOURTH ST ROOM 348 SAN BERNADINO CA 92401  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
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2.20.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SAN DIEGO DIRECTOR 7575 METROPOLITAN DR ROOM 210 SAN DIEGO CA 92108  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
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2.21.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SAN FRANCISCO DIRECTOR 455 GOLDEN GATE AVE 10TH FL SAN FRANCISCO CA 94102  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
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2.22.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SAN JOSE DIRECTOR 100 PARSEO DE SAN ANTONIO ROOM 120 SAN JOSE CA 95113  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
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2.23.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SANTA ANA DIRECTOR 605 WEST SANTA ANA BLVD BLDG 28 ROOM 625 SANTA ANA CA 92701  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
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2.24.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SANTA BARBARA DIRECTOR 411 E CANON PERDIDO ROOM 3 SANTA BARBARA CA 93101  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
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2.25.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SANTA ROSA DIRECTOR 50 'D' ST STE 360 SANTA ROSA CA 95404  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
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2.26.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS STOCKTON DIRECTOR 31 E CHANNEL ST ROOM 317 STOCKTON CA 95202  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
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2.27.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA DEPT OF INDUSTRIAL RELATIONS VAN NUYS DIRECTOR 6150 VAN NUYS BLVD ROOM 206 VAN NUYS CA 91401	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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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	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.28.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA FRANCHISE TAX BOARD BANKRUPTCY BE MS A345 PO BOX 2952 SACRAMENTO CA 95812-2952	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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									
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	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.29.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA STATE BOARD OF EQUALIZATION SBOE SPECIAL OPERATIONS BANKRUPTCY TEAM MIC 74 PO BOX 942879 SACRAMENTO CA 94279-0074	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
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	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								



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2.30.	<b>Priority creditor's name and mailing address</b>  CALIFORNIA STATE CONTROLLERS OFFICE UNCLAIMED PROPERTY DIVISION 10600 WHITE ROCK RD STE 141 RANCHO CORDOVA CA 95670	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.31.	<b>Priority creditor's name and mailing address</b>  CITY & COUNTY OF SAN FRANCISCO JOSE CISNEROS, TREASURER DAVID AUGUSTINE, TAX COLLECTOR 1 DR. CARLTON B. GOODLETT PLACE CITY HALL, ROOM 140 SAN FRANCISCO CA 94102	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> \$11,893.39	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.32.	<b>Priority creditor's name and mailing address</b>  CITY AND COUNTY OF DENVER 201 W COLFAX AVE DEPT 206 DENVER CO 80202	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.33.	<b>Priority creditor's name and mailing address</b>  CITY AND COUNTY OF SAN FRANCISCO 1660 MISSION ST SAN FRANCISCO CA 94103  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
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Priority amount										
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Nonpriority amount										
UNDETERMINED										
2.34.	<b>Priority creditor's name and mailing address</b>  CITY AND COUNTY OF SAN FRANCISCO DEPT OF BUILDING INSPECTION 1660 MISSION ST SAN FRANCISCO CA 94103  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
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Priority amount										
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Nonpriority amount										
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2.35.	<b>Priority creditor's name and mailing address</b>  CITY AND COUNTY OF SAN FRANCISCO DEPT OF PUBLIC HEALTH 1390 MARKET ST STE 210 SAN FRANCISCO CA 94102  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
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2.36.	<b>Priority creditor's name and mailing address</b>  CITY CLERKS OFFICE NORMAN OK PO BOX 370 NORMAN OK 73070  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
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Priority amount										
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Nonpriority amount										
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2.37.	<b>Priority creditor's name and mailing address</b>  CITY OF ALBUQUERQUE BUSINESS PO BOX 1293 ALBUQUERQUE NM 87102  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
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Priority amount										
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Nonpriority amount										
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2.38.	<b>Priority creditor's name and mailing address</b>  CITY OF ALBUQUERQUE ENVIRONMENTAL HEALTH DEPT ONE CIVIC PLZ ROOM 3023 ALBUQUERQUE NM 87102  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th style="background-color: #d3d3d3;">Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

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2.39.	<b>Priority creditor's name and mailing address</b>  CITY OF ALPHARETTA BUSINESS LICENSES AND CODES ENFORCEMENT 2 PARK PLZ ALPHARETTA GA 30009  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.40.	<b>Priority creditor's name and mailing address</b>  CITY OF BATON ROUGE FINANCE DEPT REVENUE DIVISION PO BOX 2590 BATON ROUGE LA 70821  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.41.	<b>Priority creditor's name and mailing address</b>  CITY OF BELLEVUE TAX DIVISION PO BOX 90012 BELLEVUE WA 98009  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.42.	<b>Priority creditor's name and mailing address</b>  CITY OF CHICAGO DEPT OF FINANCE PO BOX 71429 CHICAGO IL 60694  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.43.	<b>Priority creditor's name and mailing address</b>  CITY OF DES MOINES IOWA PO BOX 1633 DES MOINES IA 50305-1633  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.44.	<b>Priority creditor's name and mailing address</b>  CITY OF DES PERES 12325 MANCHESTER RD DES PERES MO 63131  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED

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2.45.	<b>Priority creditor's name and mailing address</b>  CITY OF DUNWOODY 4800 ASHFORD DUNWOODY RD DUNWOODY GA 30338  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.46.	<b>Priority creditor's name and mailing address</b>  CITY OF DURHAM FIRE DEPT PO BOX 935667 ATLANTA GA 31193-5667  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.47.	<b>Priority creditor's name and mailing address</b>  CITY OF FRISCO 6101 FRISCO SQUARE BLVD FRISCO TX 75034  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.48.	<b>Priority creditor's name and mailing address</b>  CITY OF GLENDALE PO BOX 29099 GLENDALE CA 91209-9099  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.49.	<b>Priority creditor's name and mailing address</b>  CITY OF LA BUSINESS TAX OFFICE OF FINANCE PO BOX 513996 LOS ANGELES CA 90051  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.50.	<b>Priority creditor's name and mailing address</b>  CITY OF LANCASTER 120 N DUKE ST LANCASTER PA 17602  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.51.	<b>Priority creditor's name and mailing address</b>  CITY OF LAWTON COMMUNITY SVC DEPT LICENSE AND PERMIT CENTER 2201 NW FORT SILL BLVD LAWTON OK 73501  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.52.	<b>Priority creditor's name and mailing address</b>  CITY OF LONE TREE PO BOX 17987 DENVER CO 80217  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.53.	<b>Priority creditor's name and mailing address</b>  CITY OF LOS ANGELES TAX AND PERMIT DIVISION 6262 VAN NUYS BLVD #110 VAN NUYS CA 91401  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED



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2.54.	<b>Priority creditor's name and mailing address</b>  CITY OF LYNNWOOD BUSINESS LICENSING PO BOX 5008 LYNNWOOD WA 98046  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.55.	<b>Priority creditor's name and mailing address</b>  CITY OF MINNETONKA COMMUNITY DEVELOPMENT LICENSING 14600 MINNETONKA BLVD MINNETONKA MN 55345  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.56.	<b>Priority creditor's name and mailing address</b>  CITY OF NOVI ASSESSORS OFFICE 45175 W 10 MILE RD NOVI MI 48375  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.57.	<b>Priority creditor's name and mailing address</b>  CITY OF OKLAHOMA CITY DEVELOPMENT SVC LICENSE 420 W MAIN 8TH FL OKLAHOMA CITY OK 73102  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.58.	<b>Priority creditor's name and mailing address</b>  CITY OF OVERLAND PARK COMMUNITY SVC DIVISION 8500 ANTIOCH RD OVERLAND PARK KS 66212  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.59.	<b>Priority creditor's name and mailing address</b>  CITY OF PALM SPRINGS 3200 ETAHQUITZ CANYON WAY PALM SPRINGS CA 92262  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.60.	<b>Priority creditor's name and mailing address</b>  CITY OF ROSEVILLE 8839 N CEDAR AVE #212 FRESNO CA 93720  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.61.	<b>Priority creditor's name and mailing address</b>  CITY OF ROSEVILLE UTILITIES PO BOX 619136 ROSEVILLE CA 95661  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.62.	<b>Priority creditor's name and mailing address</b>  CITY OF SACRAMENTO ROOM 1214 CITY HALL 915 I ST SACRAMENTO CA 95814  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.63.	<b>Priority creditor's name and mailing address</b>  CITY OF SAN ANTONIO TREASURY DIVISION PO BOX 60 SAN ANTONIO TX 78291-0060	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b>	<b>Priority amount</b>
			UNDETERMINED	UNDETERMINED
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		
	<b>Last 4 digits of account number:</b>  	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			

  

2.64.	<b>Priority creditor's name and mailing address</b>  CITY OF SAN JOSE BUSINESS TAX AND REG PERMIT DEPT #34370 PO BOX 39000 SAN FRANCISCO CA 94139	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b>	<b>Priority amount</b>
			UNDETERMINED	UNDETERMINED
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		
	<b>Last 4 digits of account number:</b>  	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			

  

2.65.	<b>Priority creditor's name and mailing address</b>  CITY OF SEATTLE PO BOX 35178 SEATTLE WA 98124-5178	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b>	<b>Priority amount</b>
			UNDETERMINED	UNDETERMINED
				<b>Nonpriority amount</b>
				UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		
	<b>Last 4 digits of account number:</b>  	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)			

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2.66.	<b>Priority creditor's name and mailing address</b>  CITY OF SOUTH PORTLAND OFFICE OF THE CITY CLERK 25 COTTAGE RD SOUTH PORTLAND ME 04106  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.67.	<b>Priority creditor's name and mailing address</b>  CITY OF SPRINGFIELD DEPT OF FINANCE LICENSE DIVISION 840 NORTH BOONSVILLE AVE SPRINGFIELD MO 65802  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.68.	<b>Priority creditor's name and mailing address</b>  CITY OF SPRINGFIELD HEALTH DEPT SPRINGFIELD GREEN COUNTY BUSINESS OFFICE 227 E CHESTNUT EXPY SPRINGFIELD MO 65802  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.69.	<b>Priority creditor's name and mailing address</b>  CITY OF ST MATTHEWS PO BOX 7097 LOUISVILLE KY 40257-0097  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.70.	<b>Priority creditor's name and mailing address</b>  CITY OF SUGAR LAND PO BOX 5029 SUGAR LAND TX 77487  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.71.	<b>Priority creditor's name and mailing address</b>  CITY OF TACOMA P O BOX 11010 TACOMA WA 98411-1010  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED

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2.72.	<b>Priority creditor's name and mailing address</b>  CITY OF TACOMA FINANCE DEPT TAX AND LICENSE DIVISION PO BOX 11640 TACOMA WA 98411  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.73.	<b>Priority creditor's name and mailing address</b>  CITY OF THOUSAND OAKS BUSINESS TAX DEPT 2100 E THOUSAND OAKS BLVD THOUSAND OAKS CA 91362  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.74.	<b>Priority creditor's name and mailing address</b>  CITY OF TIGARD 13125 SW HALL BLVD TIGARD OR 97223  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED

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2.75.	<b>Priority creditor's name and mailing address</b>  CITY OF TUKWILA 6200 SOUTHCENTER BLVD TUKWILA WA 98188  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.76.	<b>Priority creditor's name and mailing address</b>  CITY OF TULSA THD PO BOX 451 TULSA OK 74101  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.77.	<b>Priority creditor's name and mailing address</b>  CITY OF WAUWATOSA SHANNON KRAUSE CITY ASSESSOR 7725 W NORTH AVE WAUWATOSA WI 53213  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED



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2.78.	<b>Priority creditor's name and mailing address</b>  CITY OF WICHITA CITY LICENSE 1ST FLOOR 455 N MAIN ST WICHITA KS 67202  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.79.	<b>Priority creditor's name and mailing address</b>  CLARK COUNTY BUSINESS LICENSE 500 S GRAND CENTRAL PKWY PO BOX 551810 LAS VEGAS NV 89155-1810  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.80.	<b>Priority creditor's name and mailing address</b>  CLEAR CREEK ISD TAX OFFICE PO BOX 799 LEAGUE CITY TX 77574  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED

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2.81.	<b>Priority creditor's name and mailing address</b>  CLEVELAND COUNTY ASSESSOR 201 S JONES AVE # 120 NORMAN OK 73069  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <div style="background-color: #d3d3d3; padding: 2px; text-align: center;"> <b>Nonpriority amount</b>           UNDETERMINED       </div>
2.82.	<b>Priority creditor's name and mailing address</b>  CLEVELAND COUNTY TREASURER JIM REYNOLDS 201 SOUTH JONES STE 100 NORMAN OK 73069  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <div style="background-color: #d3d3d3; padding: 2px; text-align: center;"> <b>Nonpriority amount</b>           UNDETERMINED       </div>
2.83.	<b>Priority creditor's name and mailing address</b>  COLLECTOR OF REVENUE 41 S CENTRAL AVE ST. LOUIS MO 63105  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <div style="background-color: #d3d3d3; padding: 2px; text-align: center;"> <b>Nonpriority amount</b>           UNDETERMINED       </div>

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2.84.	<b>Priority creditor's name and mailing address</b>  COLLIN CENTRAL APPRAISAL DISTRICT 250 ELDORADO PKWY MCKINNEY TX 75069  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.85.	<b>Priority creditor's name and mailing address</b>  COLORADO DEPT OF AGRICULTURE 3125 WYANDOT ST DENVER CO 80211  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.86.	<b>Priority creditor's name and mailing address</b>  COLORADO DEPT OF REVENUE STATE OF COLORADO DEPARTMENT OF REVENUE COLORADO CO 80261  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.87.	<b>Priority creditor's name and mailing address</b>  COMANCHE COUNTY ASSESSOR 315 SW 5TH ST # 301 LAWTON OK 73501  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.88.	<b>Priority creditor's name and mailing address</b>  COMANCHE COUNTY TREASURER RHONDA BRANTLEY 315 SW 5TH ST RM 300 LAWTON OK 73501  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.89.	<b>Priority creditor's name and mailing address</b>  COMMONWEALTH OF MASSACHUSETTS ONE ASHBURTON PL 17TH FL BOSTON MA 02108  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED

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2.90.	<b>Priority creditor's name and mailing address</b>  COMMONWEALTH OF MASSACHUSETTS DEPT OF REVENUE PO BOX 7010 BOSTON MA 02204  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.91.	<b>Priority creditor's name and mailing address</b>  COMMONWEALTH OF PA 2301 N CAMERON ST HARRISBURG PA 17110  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.92.	<b>Priority creditor's name and mailing address</b>  COMPTROLLER OF MARYLAND REVENUE REVENUE ADMINISTRATION CENTER 80 CALVERT ST ANNAPOLIS MD 21404  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.93.	<b>Priority creditor's name and mailing address</b>  COUNTY CLERK LYNN MARIE GOYA BOX 551604 LAS VEGAS NV 89155-1604  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.94.	<b>Priority creditor's name and mailing address</b>  COUNTY OF FAIRFAX DEPT OF TAX ADMIN PO BOX 10203 FAIRFAX VA 22035  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.95.	<b>Priority creditor's name and mailing address</b>  COUNTY OF FAIRFAX DEPT OF TAX ADMIN DEPT OF TAX ADMINISTRATION PO BOX 10201 FAIRFAX VA 22035  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.96.	<b>Priority creditor's name and mailing address</b>  COUNTY OF LOS ANGELES KENNETH HAHN HALL OF ADMINISTRATION HEADQUARTERS 500 W TEMPLE ST RM 225 LOS ANGELES CA 90012-2770	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.97.	<b>Priority creditor's name and mailing address</b>  COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR EAST DISTRICT OFFICE 1190 DURFEE AVE SOUTH EL MONTE CA 91733	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.98.	<b>Priority creditor's name and mailing address</b>  COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR LANCASTER REGIONAL OFFICE 251 E AVE K6 LANCASTER CA 93535	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

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2.99.	<b>Priority creditor's name and mailing address</b>  COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR NORTH DISTRICT OFFICE 13800 BALBOA BLVD SYLMAR CA 91342  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.100.	<b>Priority creditor's name and mailing address</b>  COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR SOUTH DISTRICT OFFICE 1401 E WILLOW ST SIGNAL HILL CA 90755  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.101.	<b>Priority creditor's name and mailing address</b>  COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR VAN NUYS 14340 SYLVAN ST VAN NUYS CA 91401  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED



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2.102.	<b>Priority creditor's name and mailing address</b>  COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR WEST DISTRICT OFFICE 6120 BRISTOL PKWY CULVER CITY CA 90230  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.103.	<b>Priority creditor's name and mailing address</b>  COUNTY OF LOS ANGELES PUBLIC HEALTH DEPT OF PUBLIC HEALTH PO BOX 54978 LOS ANGELES CA 90054  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.104.	<b>Priority creditor's name and mailing address</b>  COUNTY OF ORANGE PO BOX 4005 SANTA ANA CA 92702  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.105.	<b>Priority creditor's name and mailing address</b>  COUNTY OF PLACER DEPT OF WEIGHTS AND MEASURE 11477 E AVE AUBURN CA 95603  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.106.	<b>Priority creditor's name and mailing address</b>  COUNTY OF RIVERSIDE DEPT OF ENVIRONMENTAL HEALTH PO BOX 7909 RIVERSIDE CA 92513-7909  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.107.	<b>Priority creditor's name and mailing address</b>  COUNTY OF RIVERSIDE ASSESSOR COUNTY CLERK RECORDER PO BOX 751 RIVERSIDE CA 92502-0751  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.108.	<b>Priority creditor's name and mailing address</b>  COUNTY OF SACRAMENTO ENVIRONMENTAL MANAGEMENT DEPT 10590 ARMSTRONG AVE STE#C MATHER CA 95655  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.109.	<b>Priority creditor's name and mailing address</b>  COUNTY OF SACRAMENTO WEIGHTS AND MEASURE 4137 BRANCH CTR RD SACRAMENTO CA 95827-3823  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.110.	<b>Priority creditor's name and mailing address</b>  COUNTY OF SANTA CLARA DEPT ENVIRONMENTAL HEALTH 1555 BERGER DR STE 300 SAN JOSE CA 95112  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.111.	<b>Priority creditor's name and mailing address</b>  COUNTY OF SANTA CLARA OFFICE OF THE ASSESSOR COUNTY GOVERNMENT CENTER 70 WEST HEDDING ST EAST WING 5TH FL SAN JOSE CA 95110	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.112.	<b>Priority creditor's name and mailing address</b>  COUNTY OF SANTA CLARA PROPERTY TAX 70 WEST HEDDING ST EAST WING 6TH FLOOR SAN JOSE CA 95110	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.113.	<b>Priority creditor's name and mailing address</b>  COUNTY OF VENTURA TAX COLLECTOR PO BOX 845642 LOS ANGELES CA 90084-5642	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.114.	<b>Priority creditor's name and mailing address</b>  CUYAHOGA COUNTY BOARD OF HEALTH 5550 VENTURE DR PARMA OH 44130  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.115.	<b>Priority creditor's name and mailing address</b>  DEKALB COUNTY PO BOX 105942 ATLANTA GA 30348-5942  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.116.	<b>Priority creditor's name and mailing address</b>  DEKALB COUNTY TAX ASSESSORS 1300 COMMERCE DR DECATUR GA 30030  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.117.	<b>Priority creditor's name and mailing address</b>  DELAWARE DEPT OF LABOR EMPLOYMENT TRAINING FUND TAX PO BOX 41780 PHILADELPHIA PA 19101	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.118.	<b>Priority creditor's name and mailing address</b>  DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS PO BOX 5509 BINGHAMTON NY 13902	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.119.	<b>Priority creditor's name and mailing address</b>  DELAWARE STATE TREASURY BANKRUPTCY DEPT 820 SILVER LAKE BLVD STE 100 DOVER DE 19904	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.120.	<b>Priority creditor's name and mailing address</b>  DENNIS SEMLER TULSA COUNTY TREASURER PO BOX 21017 TULSA OK 74121	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.121.	<b>Priority creditor's name and mailing address</b>  DEPT OF AGRICULTURE BUREAU OF FOOD SAFETY SVC 2301 N CAMERON ST HARRISBURG PA 17110	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.122.	<b>Priority creditor's name and mailing address</b>  DEPT OF AGRICULTURE WEIGHTS AND MEASURES PO BOX 844477 LOS ANGELES CA 90084	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.123.	<b>Priority creditor's name and mailing address</b>  DEPT OF FINANCE DIVISION OF TREASURY 255 ROCKVILLE PIKE L 15 ROCKVILLE MD 20850  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.124.	<b>Priority creditor's name and mailing address</b>  DEPT OF LABOR AND INDUSTRIES PO BOX 24106 SEATTLE WA 98124  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.125.	<b>Priority creditor's name and mailing address</b>  DEPT OF PUBLIC WORKS BUREAU OF STREET USE AND MAPPING 1155 MARKET ST 3RD FL SAN FRANCISCO CA 94103  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED



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2.126.	<b>Priority creditor's name and mailing address</b>  DEPT OF STATE BUSINESS SVC DIVISION 148 W RIVER ST PROVIDENCE RI 02904-2615  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.127.	<b>Priority creditor's name and mailing address</b>  DEPT OF WEIGHTS AND MEASURES 800 S VICTORIA #1750 VENTURA CA 93009  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.128.	<b>Priority creditor's name and mailing address</b>  DIRECTOR OF FINANCE 8930 STANFORD BLVD COLUMBIA MD 21045  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.129.	<b>Priority creditor's name and mailing address</b>  DOUGLAS COUNTY COLORADO PO BOX 1208 100 THIRD ST STE 120 CASTLE ROCK CO 80104  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.130.	<b>Priority creditor's name and mailing address</b>  DOUGLAS COUNTY TREASURER CO PO BOX 1208 CASTLE ROCK CO 80104  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.131.	<b>Priority creditor's name and mailing address</b>  DOUGLAS COUNTY TREASURER NE PO BOX 2855 OMAHA NE 68103  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.132.	<b>Priority creditor's name and mailing address</b>  DUPAGE COUNTY HEALTH DEPT 111 NORTH COUNTY FARM RD WHEATON IL 60187  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.133.	<b>Priority creditor's name and mailing address</b>  EAST BATON ROUGE PARISH ASSESSOR BRIAN WILSON 222 ST LOUIS ST RM 126 BATON ROUGE LA 70802  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.134.	<b>Priority creditor's name and mailing address</b>  EMPLOYMENT SECURITY DIVISION 500 EAST THIRD ST CARSON CITY NV 89713-0030  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.135.	<b>Priority creditor's name and mailing address</b>  FAIRFAX COUNTY DEPT OF TAX ADMINISTRATION FAIRFAX COUNTY GOVERNMENT CENTER 12000 GOVERNMENT CTR PKWY FAIRFAX VA 22035  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.136.	<b>Priority creditor's name and mailing address</b>  FORT BEND COUNTY TAX ASSESSOR COLLECTOR 1317 EUGENE HEIMANN CIR RICHMOND TX 77469  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.137.	<b>Priority creditor's name and mailing address</b>  FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
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Priority amount										
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Nonpriority amount										
UNDETERMINED										

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2.138.	<b>Priority creditor's name and mailing address</b>  GARFIELD COUNTY ASSESSOR 114 W BROADWAY AVE # 106 ENID OK 73701	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.139.	<b>Priority creditor's name and mailing address</b>  GARFIELD COUNTY TREASURER PO BOX 489 ENID OK 73702	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.140.	<b>Priority creditor's name and mailing address</b>  GEORGIA DEPT OF AGRICULTURE 19 MARTIN LUTHER KING JR DR SW RM 604 ATLANTA GA 30334	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.141.	<b>Priority creditor's name and mailing address</b>  GEORGIA DEPT OF LABOR COMMISSIONER SUSSEX PLACE ROOM 600 148 ANDREW YOUNG INTERNATIONAL BLVD NE ATLANTA GA 30303	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

  

2.142.	<b>Priority creditor's name and mailing address</b>  GEORGIA DEPT OF REVENUE UNCLAIMED PROPERTY PROGRAM 4245 INTERNATIONAL PK STE A HAPEVILLE GA 30354	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

  

2.143.	<b>Priority creditor's name and mailing address</b>  GEORGIA DEPT OF REVENUE NE 1800 CENTURY CENTER BLVD ATLANTA GA 30345	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

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2.144.	<b>Priority creditor's name and mailing address</b>  HAMILTON COUNTY PUBLIC HEALTH 250 WILLIAM HOWARD TAFT RD 2ND FL CINCINNATI OH 45219  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.145.	<b>Priority creditor's name and mailing address</b>  HARRIS COUNTY APPRAISAL DISTRICT 13013 NORTHWEST FWY HOUSTON TX 77040  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.146.	<b>Priority creditor's name and mailing address</b>  HARRIS COUNTY APPRAISAL DISTRICT 1001 PRESTON ST HOUSTON TX 77002  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED

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2.147.	<b>Priority creditor's name and mailing address</b>  HARRIS COUNTY APPRAISAL DISTRICT PO BOX 922004 HOUSTON TX 77292	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.148.	<b>Priority creditor's name and mailing address</b>  HOUSTON DEPT OF HEALTH AND HUMAN SVC PO BOX 300008 HOUSTON TX 77230-0008	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.149.	<b>Priority creditor's name and mailing address</b>  HOWARD COUNTY HEALTH DEPT DIRECTOR OF FINANCE 8930 STANFORD BLVD COLUMBIA MD 21045	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



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2.150.	<b>Priority creditor's name and mailing address</b>  IDAHO STATE DEPT OF AGRICULTURE BUREAU OF WEIGHTS AND MEASURES PO BOX 7249 BOISE ID 83707	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.151.	<b>Priority creditor's name and mailing address</b>  ILLINOIS DEPT OF AGRICULTURE 801 E SANGAMON ABE PO BOX 19281 SPRINGFIELD IL 62702	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.152.	<b>Priority creditor's name and mailing address</b>  ILLINOIS DEPT OF REVENUE 501 S SECOND ST RM 351 SPRINGFIELD IL 62756	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.153.	<b>Priority creditor's name and mailing address</b>  INTERNAL REVENUE SVC 1111 CONSTITUTION AVE NW WASHINGTON DC 20224  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.154.	<b>Priority creditor's name and mailing address</b>  IOWA DEPT OF REVENUE PO BOX 10471 DES MOINES IA 50306-3457  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.155.	<b>Priority creditor's name and mailing address</b>  IRS INTERNAL REVENUE SVC 10TH ST AND PENNSYLVANIA AVE NW WASHINGTON DC 20530  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.156.	<b>Priority creditor's name and mailing address</b>  JULIE L ENSOR CLERK OF THE CIRCUIT COURT PO BOX 6754 TOWNSON MD 21285	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.157.	<b>Priority creditor's name and mailing address</b>  KANSAS DEPT OF AGRICULTURE RECORDS CENTER FOOD SAFETY 109 SW 9TH ST 3RD FLOOR TOPEKA KS 66612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.158.	<b>Priority creditor's name and mailing address</b>  KENTUCKY STATE TREASURER OFFICE OF THE SECRETARY OF STATE PO BOX 718 FRANKFORT KY 40602-0718	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.159.	<b>Priority creditor's name and mailing address</b>  KING COUNTY TREASURY 500 4TH AVE RM600 SEATTLE WA 98104  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.160.	<b>Priority creditor's name and mailing address</b>  LOS ANGELES COUNTY TAX COLLECTOR PO BOX 54027 LOS ANGELES CA 90054  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.161.	<b>Priority creditor's name and mailing address</b>  LOS ANGELES COUNTY TREASURER PO BOX 512399 LOS ANGELES CA 90051  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										

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2.162.	<b>Priority creditor's name and mailing address</b>  LOUISIANA DEPART OF AGRICULTURE AND FORESTRY 5825 FLORIDA BLVD STE1003 BATON ROUGE LA 70806	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.163.	<b>Priority creditor's name and mailing address</b>  LOUISIANA DEPT OF HEALTH PO BOX 4489 BATON ROUGE LA 70821-4489	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.164.	<b>Priority creditor's name and mailing address</b>  LOUISIANA DEPT OF REVENUE PO BOX 4969 BATON ROUGE LA 70821-4969	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.165.	<b>Priority creditor's name and mailing address</b>  LOUISVILLE METRO OMB PO BOX 34277 LOUISVILLE KY 40232-4277  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.166.	<b>Priority creditor's name and mailing address</b>  MARYLAND DEPT OF AGRICULTURE PO BOX 17304 BALTIMORE MD 21297  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.167.	<b>Priority creditor's name and mailing address</b>  MARYLAND DEPT OF LABOR LICENSING AND REGULATION SECRETARY 500 N CALVERT ST STE 401 BALTIMORE MD 21202  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.168.	<b>Priority creditor's name and mailing address</b>  MARYLAND TREASURER'S OFFICE UNCLAIMED PROPERTY DIVISION GOLDSTEIN TREASURY BUILDING 80 CALVERT ST ANNAPOLIS MD 21401  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.169.	<b>Priority creditor's name and mailing address</b>  MARYLAND UNEMPLOYMENT INSURANCE FUND DIVISION OF UNEMPLOYMENT INSURANCE PO 1683 BALTIMORE MD 21203-1683  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.170.	<b>Priority creditor's name and mailing address</b>  MASSACHUSETTS DEPT OF LABOR AND WORK FORCE DEVELOPMENT DIRECTOR 1 ASHBURTON PL RM 2112 BOSTON MA 02108  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										

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2.171.	<b>Priority creditor's name and mailing address</b>  MASSACHUSETTS STATE TREASURER UNCLAIMED PROPERTY DIVISION ONE ASHBURTON PL 12TH FL BOSTON MA 02108-1608  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.172.	<b>Priority creditor's name and mailing address</b>  MICHIGAN DEPT OF AGRICULTURE AND RURAL DEVELOPMENT POBOX 30776 LANSING MI 48909  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.173.	<b>Priority creditor's name and mailing address</b>  MICHIGAN DEPT OF ENERGY LABOR AND ECONOMIC GROWTH DIRECTOR OTTAWA BUILDING 611 WEST OTTAWA PO BOX 30004 LANSING MI 48909  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED



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2.174.	<b>Priority creditor's name and mailing address</b>  MICHIGAN DEPT OF LICENSING AND REGULATORY AFFAIRS PO BOX 30054 LANSING MI 48909	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.175.	<b>Priority creditor's name and mailing address</b>  MICHIGAN DEPT OF TREASURY TREASURY BUILDING LANSING MI 48922	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.176.	<b>Priority creditor's name and mailing address</b>  MICHIGAN DEPT OF TREASURY UNCLAIMED PROPERTY DIVISION PO BOX 30756 LANSING MI 48909	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.177.	<b>Priority creditor's name and mailing address</b>  MISSOURI DEPT OF AGRICULTURE DIVISION OF WEIGHTS MEASURES AND CONSUMER PO BOX 630 JEFFERSON CITY MO 65102  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.178.	<b>Priority creditor's name and mailing address</b>  MISSOURI DEPT OF REVENUE HARRY S TRUMAN STATE OFFICE BUILDING 301 WEST HIGH ST JEFFERSON CITY MO 65101  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED
2.179.	<b>Priority creditor's name and mailing address</b>  MISSOURI DEPT OF REVENUE PO BOX 3390 JEFFERSON CITY MO 65105-3390  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b>  UNDETERMINED	<b>Priority amount</b>  UNDETERMINED  <b>Nonpriority amount</b>  UNDETERMINED

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2.180.	<b>Priority creditor's name and mailing address</b>  MISSOURI LABOR AND INDUSTRIAL RELATIONS COMMISSION DIRECTOR 3315 WEST TRUMAN BLVD RM 214 PO BOX 504 JEFFERSON CITY MO 65102-0599	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.181.	<b>Priority creditor's name and mailing address</b>  MISSOURI STATE TREASURER UNCLAIMED PROPERTY DIVISION PO BOX 1004 JEFFERSON CITY MO 65102	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.182.	<b>Priority creditor's name and mailing address</b>  MONTGOMERY CENTRAL APPRAISAL DISTRICT 109 GLADSTELL ST CONROE TX 77301	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.183.	<b>Priority creditor's name and mailing address</b>  MONTGOMERY COUNTY MONTGOMERY COUNTY EXECUTIVE MARC ELRICH EXECUTIVE OFFICE BUILDING 101 MONROE ST 2ND FL ROCKVILLE MD 20850	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

  

2.184.	<b>Priority creditor's name and mailing address</b>  MONTGOMERY COUNTY HEALTH DEPT 501 N THOMPSON STE 100 CONROE TX 77301	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

  

2.185.	<b>Priority creditor's name and mailing address</b>  MONTGOMERY COUNTY MARYLAND 255 ROCKVILLE PIKE 1ST FLOOR STE 100 ROCKVILLE MD 20850	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

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2.186.	<b>Priority creditor's name and mailing address</b>  NATICK BOARD OF ASSESSORS NATICK TOWN OFFICES 13 E CENTRAL ST NATICK MA 01760	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.187.	<b>Priority creditor's name and mailing address</b>  NEBRASKA DEPT OF AGRICULTURE 301 CENTENNIAL MALL SOUTH PO BOX 94668 LINCOLN NE 68509	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.188.	<b>Priority creditor's name and mailing address</b>  NEVADA DEPT OF TAXATION PO BOX 7165 SAN FRANCISCO CA 94120	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.189.	<b>Priority creditor's name and mailing address</b>  NEW JERSEY OFFICE OF THE ATTORNEY GENERAL PO BOX 490 AVENEL NJ 07001  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.190.	<b>Priority creditor's name and mailing address</b>  NEW MEXICO DEPT OF LABOR SECRETARY 401 BROADWAY NE PO BOX 1928 ALBUQUERQUE NM 87102  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.191.	<b>Priority creditor's name and mailing address</b>  NEW MEXICO DEPT OF REVENUE UNCLAIMED PROPERTY DIVISION PO BOX 8485 ALBUQUERQUE NM 87198-8485  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.192.	<b>Priority creditor's name and mailing address</b>  NEW MEXICO SECRETARY OF STATE 325 DON GASPAR STE 300 SANTA FE NM 87501	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.193.	<b>Priority creditor's name and mailing address</b>  NEW MEXICO TAX AND REVENUE DEPT LEGAL SVC BUREAU 1100 SOUTH ST FRANCIS DR SANTA FE NM 87504-0630	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.194.	<b>Priority creditor's name and mailing address</b>  NEW MEXICO TAXATION AND REVENUE DEPT PO BOX 25128 SANTA FE NM 87504	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.195.	<b>Priority creditor's name and mailing address</b>  OFFICE OF THE CHIEF FINANCIAL OFFICER UNCLAIMED PROPERTY OFFICE 1350 PENNSYLVANIA AVE NW STE 203 WASHINGTON DC 20004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
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	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.196.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA CITY LICENSE 420 W MAIN 8TH FL OKLAHOMA CITY OK 73102	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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									
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Nonpriority amount										
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	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.197.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA COUNTY ASSESSOR 320 ROBERT S KERR AVE #315 OKLAHOMA CITY OK 73102	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								



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2.198.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA COUNTY TREASURER PO BOX 268875 OKLAHOMA CITY OK 73126  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.199.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA DEPT OF LABOR COMMISSIONER 3017 N STILES STE 100 OKLAHOMA CITY OK 73105  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.200.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA SEC OF STATE BUSINESS FILING 2300 N LINCOLN BLVD ROOM 101 OKLAHOMA CITY OK 73105-4897  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.201.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA SECRETARY OF STATE 421 NW 13TH STE 210 OKLAHOMA CITY OK 73103	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.202.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA STATE DEPT OF HEALTH PO BOX 268815 OKLAHOMA CITY OK 73126	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.203.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA STATE TREASURER UNCLAIMED PROPERTY DIVISION 2401 NW 23RD ST STE 42 OKLAHOMA CITY OK 73107	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.204.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA TAX COMMISSION 2501 LINCOLN BLVD OKLAHOMA CITY OK 73194	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.205.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA TAX COMMISSION PO BOX 26860 OKLAHOMA CITY OK 73126-0860	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.206.	<b>Priority creditor's name and mailing address</b>  OKLAHOMA TAX COMMISSION PO BOX 26930 OKLAHOMA CITY OK 73126	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.207.	<b>Priority creditor's name and mailing address</b>  ORANGE COUNTY TREASURER TAX COLLECTOR 11 W CIVIC CTR DR SANTA ANA CA 92701	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.208.	<b>Priority creditor's name and mailing address</b>  OREGON BUREAU OF LABOR AND INDUSTRIES COMMISSIONER 800 NE OREGON ST STE 1045 PORTLAND, OR 97232	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.209.	<b>Priority creditor's name and mailing address</b>  OREGON DEPT OF AGRICULTURE 635 CAPITOL ST NE SALEM OR 97301	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX								
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****2.210. Priority creditor's name and mailing address**OREGON DEPT OF REVENUE  
955 CENTER ST NE  
SALEM OR 97310**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:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.211. Priority creditor's name and mailing address**OREGON DEPT OF STATE LANDS  
UNCLAIMED PROPERTY SECTION  
775 SUNNER ST NE  
STE 100  
SALEM OR 97301-1279**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:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.212. Priority creditor's name and mailing address**OREGON DEPT REVENUE TRIMET  
PO BOX 14730  
SALEM OR 97309-0464**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:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.213.	<b>Priority creditor's name and mailing address</b>  OREGON LIQUOR CONTROL COMMISSION 9079 SE MCLOUGHLIN BLVD PORTLAND OR 97222	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.214.	<b>Priority creditor's name and mailing address</b>  OREGON LIQUOR CONTROL COMMISSION LICENSE PO BOX 22297 MILWAUKIE OR 97269	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.215.	<b>Priority creditor's name and mailing address</b>  PLACER COUNTY ENVIRONMENTAL HEALTH 3091 COUNTY CTR DR STE 180 AUBURN CA 95603	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**2.216. **Priority creditor's name and mailing address**PLACER COUNTY PROPERTY TAX  
2976 RICHARDSON DR  
AUBURN CA 95603**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:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

2.217. **Priority creditor's name and mailing address**PLACER COUNTY TAX COLLECTOR  
2976 RICHARDSON DR  
AUBURN CA 95603**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:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

2.218. **Priority creditor's name and mailing address**POTTAWATOMIE COUNTY ASSESSOR  
325 N BROADWAY AVE 204  
SHAWNEE OK 74801**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:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.219.	<b>Priority creditor's name and mailing address</b>  RHODE ISLAND DEPT OF STATE 148 W RIVER ST PROVIDENCE RI 02904-2615  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.220.	<b>Priority creditor's name and mailing address</b>  SACRAMENTO COUNTY UNSECURED TAX UNIT PO BOX 508 SACRAMENTO CA 95812-0508  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.221.	<b>Priority creditor's name and mailing address</b>  SAINT LOUIS COUNTY DEPT OF HEALTH 6121 N HANLEY RD BERKELEY MO 63134  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED



Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.222.	<b>Priority creditor's name and mailing address</b>  SAINT LOUIS COUNTY MISSOURI ASSESSORS OFFICE CLARKSON WILSON CENTER CHESTERFIELD MO 63017  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.223.	<b>Priority creditor's name and mailing address</b>  SALT LAKE COUNTY ASSESSOR 2001 SOUTH STATE ST N2-600 SALT LAKE CITY UT 84114  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.224.	<b>Priority creditor's name and mailing address</b>  SALT LAKE COUNTY ASSESSOR 2001 SOUTH SSTATE ST #N2-600 PO BOX 147421 SALT LAKE CITY UT 84114  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.225.	<b>Priority creditor's name and mailing address</b>  SAN FRANCISCO DEPT OF PUBLIC HEALTH 1390 MARKET ST STE 210 SAN FRANCISCO CA 94102  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.226.	<b>Priority creditor's name and mailing address</b>  SAN FRANCISCO OFFICE OF THE ASSESSOR RECORDER 1 DR CARLTON B GOODLETT PL CITY HALL ROOM 190 SAN FRANCISCO CA 94102-4698  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.227.	<b>Priority creditor's name and mailing address</b>  SAN FRANCISCO OFFICE OF THE ASSESSOR RECORDER 1155 MARKET ST SAN FRANCISCO CA 94103  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**2.228. **Priority creditor's name and mailing address**

SAN FRANCISCO PUBLIC WORKS  
1155 MARKET ST 3RD FLOOR  
SAN FRANCISCO CA 94103

**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:**

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

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

SAN FRANCISCO TAX COLLECTOR  
PO BOX 7427  
SAN FRANCISCO CA 94120

**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:**

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

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

SECRETARY OF STATE CALIFORNIA  
STATEMENT OF INFORMATION UNIT  
PO BOX 944230  
SACRAMENTO CA 94244

**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:**

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.231.	<b>Priority creditor's name and mailing address</b>  SECRETARY OF STATE IOWA 321 E 12TH ST DES MOINES IA 50319  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.232.	<b>Priority creditor's name and mailing address</b>  SKCDPH PUBLIC HEALTH SEATTLE KING COUNTY PUBLIC HEALTH SEATTLE KING COUNTY 401 FIFTH AVE STE 1100 SEATTLE WA 98104  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.233.	<b>Priority creditor's name and mailing address</b>  SMUD PO BOX 15555 SACRAMENTO CA 95852  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****2.234. Priority creditor's name and mailing address**SNOHOMISH COUNTY  
3000 ROCKEFELLER AVE  
EVERETT WA 98201**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:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.235. Priority creditor's name and mailing address**SNOHOMISH COUNTY TREASURER  
PO BOX 34171  
SEATTLE WA 98124**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:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

**2.236. Priority creditor's name and mailing address**SNOHOMISH HEALTH DISTRICT  
3020 RUCKER AVE  
STE 104  
EVERET WA 98201-3900**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:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.237.	<b>Priority creditor's name and mailing address</b>  STATE CORP COMMISSION PO BOX 1197 RICHMOND VA 23218  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.238.	<b>Priority creditor's name and mailing address</b>  STATE OF CALIFORNIA DEPT OF INDUSTRIAL RELATIONS DIVISION OF WORKERS COMPENSATION 455 GOLDEN GATE AVE 2ND FL SAN FRANCISCO CA 94102-7014  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.239.	<b>Priority creditor's name and mailing address</b>  STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPT TAXPAYER ASSISTANCE CENTER PO BOX 826880 SACRAMENTO CA 94280-0001  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.240.	<b>Priority creditor's name and mailing address</b>  STATE OF CALIFORNIA BOARD OF EQUALIZATION SPECIAL TAXES AND FEES PO BOX 942879 SACRAMENTO CA 94279  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.241.	<b>Priority creditor's name and mailing address</b>  STATE OF DELAWARE DIVISION OF CORPORATIONS P O BOX 5509 BINGHAMTON NY 13902  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.242.	<b>Priority creditor's name and mailing address</b>  STATE OF GEORGIA GEORGIA DEPT OF LABOR 148 ANDREW YOUNG INTER BLVD STE 800 ATLANTA GA 30303-1732  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.243.	<b>Priority creditor's name and mailing address</b>  STATE OF GEORGIA STATE BOARD OF WORKERS COMPENSATION 270 PEACHTREE ST NW ATLANTA GA 30303-1299  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.244.	<b>Priority creditor's name and mailing address</b>  STATE OF GEORGIA DEPT OF REVENUE GEORGIA TAX CENTER PO BOX 105499 ATLANTA GA 30359  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.245.	<b>Priority creditor's name and mailing address</b>  STATE OF MARYLAND MARYLAND DEPT OF LABOR LICENSING AND REGULATION 1100 NORTH EUTAW ST ROOM 414 BALTIMORE MD 21201-2201  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										



Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.246.	<b>Priority creditor's name and mailing address</b>  STATE OF MARYLAND WORKERS COMPENSATION COMMISSION 10 EAST BALTIMORE ST 4TH FL BALTIMORE MD 21202  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.247.	<b>Priority creditor's name and mailing address</b>  STATE OF MASSACHUSETTS EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT DEPT OF INDUSTRIAL ACCIDENTS 1 CONGRESS ST STE 100 BOSTON MA 02114-2017  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.248.	<b>Priority creditor's name and mailing address</b>  STATE OF MASSACHUSETTS MASSACHUSETTS DIV OF EMPLOYMENT AND TRAINING 19 STANIFORD ST BOSTON MA 02114-2589  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.249.	<b>Priority creditor's name and mailing address</b>  STATE OF MICHIGAN DEPT OF LICENSING AND REGULATORY AFFAIRS WORKERS COMPENSATION AGENCY 2501 WOODLAKE CIR OKEMOS MI 48864  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.250.	<b>Priority creditor's name and mailing address</b>  STATE OF MICHIGAN MICHIGAN DEPT OF LICENSING AND REGULATORY AFFAIRS 3024 W GRAND BLVD DETROIT MI 48202-6024  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.251.	<b>Priority creditor's name and mailing address</b>  STATE OF MISSOURI DEPT OF LABOR DIVISION OF WORKERS COMPENSATION PO BOX 58 JEFFERSON CITY MO 65102-0058  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

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2.252.	<b>Priority creditor's name and mailing address</b>  STATE OF MISSOURI DIVISION OF EMPLOYMENT SECURITY PO BOX 59 JEFFERSON CITY MO 65104-0059  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.253.	<b>Priority creditor's name and mailing address</b>  STATE OF NEW JERSEY PO BOX 059 TRENTON NJ 08646-6400  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.254.	<b>Priority creditor's name and mailing address</b>  STATE OF NEW JERSEY LITTER CONTROL FEE DIVISION OF TAXATION REVENUE PROCESS CTR PO BOX 274 TRENTON NJ 08764  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.255.	<b>Priority creditor's name and mailing address</b>  STATE OF NEW MEXICO NEW MEXICO DEPT OF WORKFORCE SOLUTIONS PO BOX 2281 ALBUQUERQUE NM 87103-2281  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.256.	<b>Priority creditor's name and mailing address</b>  STATE OF NEW MEXICO WORKERS COMPENSATION ADMINISTRATION 2410 CENTRE AVE SE PO BOX 27198 ALBUQUERQUE NM 87125-7198  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.257.	<b>Priority creditor's name and mailing address</b>  STATE OF OKLAHOMA WORKERS COMPENSATION COMMISSION 1915 NORTH STILES AVE OKLAHOMA CITY OK 73105  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.258.	<b>Priority creditor's name and mailing address</b>  STATE OF OREGON OREGON EMPLOYMENT DEPT 875 UNION ST NE ROOM 107 SALEM OR 97311-0030  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.259.	<b>Priority creditor's name and mailing address</b>  STATE OF OREGON WORKERS COMPENSATION DIVISION 350 WINTER ST NE PO BOX 14480 SALEM OR 97309-0405  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.260.	<b>Priority creditor's name and mailing address</b>  STATE OF RHODE ISLAND DIVISION OF TAXATION ONE CAPTIOL HILL STE 36 PROVIDENCE RI 02908-5829  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.261.	<b>Priority creditor's name and mailing address</b>  STATE OF TEXAS DEPT OF INSURANCE WORKERS COMPENSATION 7551 METRO CTR DR STE 100 AUSTIN TX 78744-1609  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.262.	<b>Priority creditor's name and mailing address</b>  STATE OF UTAH LABOR COMMISSION DIVISION OF INDUSTRIAL ACCIDENTS 160 EAST 300 SOUTH 3RD FL PO BOX 146610 SALT LAKE CITY UT 84114-6610  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.263.	<b>Priority creditor's name and mailing address</b>  STATE OF UTAH UTAH DEPT OF WORKFORCE SVC PO BOX 45288 SALT LAKE CITY UT 84145-0288  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										

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2.264.	<b>Priority creditor's name and mailing address</b>  STATE OF VIRGINIA VIRGINIA EMPLOYMENT COMMISSION PO BOX 1358 RICHMOND VA 23218-1358  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.265.	<b>Priority creditor's name and mailing address</b>  STATE OF VIRGINIA WORKERS COMPENSATION COMMISSION 333 E FRANKLIN ST RICHMOND VA 23219  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.266.	<b>Priority creditor's name and mailing address</b>  STATE OF WASHINGTON DEPT OF LABOR AND INDUSTRIES INSURANCE SVC DIVISION 7273 LINDERSON WAY SW TUMWATER WA 98501-5414  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

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2.267.	<b>Priority creditor's name and mailing address</b>  STATE OF WASHINGTON WASHINGTON EMPLOYMENT SECURITY DEPT PO BOX 9046 OLYMPIA WA 98507-9046  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.268.	<b>Priority creditor's name and mailing address</b>  STATE OF WISCONSIN DEPT OF FINANCIAL INSTITUTIONS PO BOX 7847 MADISON WI 53707-7847  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.269.	<b>Priority creditor's name and mailing address</b>  STATE OF WISCONSIN DEPT OF WORKFORCE DEVELOPMET PO BOX 7901 MADISON WI 53707-7901  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										



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2.270.	<b>Priority creditor's name and mailing address</b>  STLOUIS COUNTY ASSESSORS JAKE ZIMMERMAN ASSESSOR 41 S CENTRAL AVE 2FL SAINT LOUIS MO 63105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.271.	<b>Priority creditor's name and mailing address</b>  TEXAS COMPTROLLER OF PUBLIC ACCOUNTS PO BOX 13528 CAPITOL STATION AUSTIN TX 78711-3528	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.272.	<b>Priority creditor's name and mailing address</b>  TEXAS COMPTROLLER OF PUBLIC ACCOUNTS PO BOX 149348 AUSTIN TX 78714-9348	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b> VARIOUS	<b>Basis for the claim:</b> TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

<b>2.273. Priority creditor's name and mailing address</b>  TEXAS COMPTROLLER OF PUBLIC ACCOUNTS UNCLAIMED PROPERTY CLAIMS SECTION PO BOX 12046 AUSTIN TX 78711-2046  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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									
<b>2.274. Priority creditor's name and mailing address</b>  TEXAS DEPT OF AGRICULTURE PO BOX 12077 AUSTIN TX 78711-2077  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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									
<b>2.275. Priority creditor's name and mailing address</b>  TEXAS WORKFORCE COMMISSION PO BOX 149037 AUSTIN TX 78714-9037  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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									

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.276.	<b>Priority creditor's name and mailing address</b>  TEXAS WORKFORCE COMMISSION EXECUTIVE DIRECTOR 101 EAST 15TH ST ROOM 651 AUSTIN TX 78778-0001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.277.	<b>Priority creditor's name and mailing address</b>  TOWN OF LOS GATOS FINANCE DEPT BUSINESS LICENCE TAX DIVISION 110 EAST MAIN ST LOS GATOS CA 95031	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.278.	<b>Priority creditor's name and mailing address</b>  TOWN OF NATICK 13 EAST CENTRAL ST NATICK MA 01760	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.279.	<b>Priority creditor's name and mailing address</b>  TOWN OF NATICK OFFICE OF COLLECTOR OF TAXES 13 EAST CENTRAL ST NATICK MA 01760  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.280.	<b>Priority creditor's name and mailing address</b>  TOWN OF NATICK WEIGHTS AND MEASURE 13 EAST CENTRAL ST NATICK MA 01760  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.281.	<b>Priority creditor's name and mailing address</b>  TOWNSHIP OF WAYNE HEALTH DEPT 475 VALLEY RD WAYNE NJ 07470  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**2.282. **Priority creditor's name and mailing address**

TOWNSHIP OF WHITEHALL  
BUSINESS LICENSE DEPT  
3221 MACARTHUR RD  
WHITEHALL PA 18052

**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:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

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

TREASURER OF MONTGOMERY  
COUNTY  
PO BOX 311  
NORRISTOWN PA 19404-0311

**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:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

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

TREASURER OF VIRGINIA VA DEPT OF  
AGRICULTURE  
PO BOX 430  
RICHMOND VA 23218-0430

**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:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.285.	<b>Priority creditor's name and mailing address</b>  TRI COUNTY HEALTH DEPT ENVIRONMENTAL HEALTH 4201 E 72ND AVE STE D COMMERCE CITY CO 80022	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.286.	<b>Priority creditor's name and mailing address</b>  TULSA COUNTY ASSESSOR 500 SOUTH DENVER AVE W #215 TULSA OK 74103	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.287.	<b>Priority creditor's name and mailing address</b>  US DEPT OF LABOR 200 CONSTITUTION AVE NW WASHINGTON DC 20210	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		<b>Nonpriority amount</b> UNDETERMINED
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.288.	<b>Priority creditor's name and mailing address</b>  US DEPT OF LABOR OSHA OSHA REGION 1 JFK FEDERAL BUILDING 25 NEW SUDBURY ST RM E340 BOSTON MA 02203  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.289.	<b>Priority creditor's name and mailing address</b>  US DEPT OF LABOR OSHA OSHA REGION 4 61 FORSYTH ST SW RM 6T50 ATLANTA GA 30303  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.290.	<b>Priority creditor's name and mailing address</b>  US DEPT OF LABOR OSHA OSHA REGION 6 525 GRIFFIN ST STE 602 DALLAS TX 75202  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.291.	<b>Priority creditor's name and mailing address</b>  US DEPT OF LABOR OSHA OSHA REGION 7 TWO PERSHING SQUARE BUILDING 2300 MAIN ST STE 1010 KANSAS CITY MO 64108  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.292.	<b>Priority creditor's name and mailing address</b>  US DEPT OF LABOR OSHA OSHA REGION 9 SAN FRANCISCO FEDERAL BUILDING 90 7TH ST STE 18100 SAN FRANCISCO CA 94103  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.293.	<b>Priority creditor's name and mailing address</b>  UTAH DEPT OF AGRICULTURE AND FOOD 350 N REDWOOD RD PO BOX 146500 SALT LAKE CITY UT 84114  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										



Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****2.294. Priority creditor's name and mailing address**

UTAH DEPT OF COMMERCE  
160 E 300 S 2ND FL  
SALT LAKE UT 84111

**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:**

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

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

UTAH LABOR COMMISSION  
COMMISSIONER  
160 E 300 S  
STE 300  
SALT LAKE CITY UT 84114

**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:**

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

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

UTAH STATE TAX COMMISSION  
210 NORTH 1950 WEST  
SALT LAKE CITY UT 84134

**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:**

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.297.	<b>Priority creditor's name and mailing address</b>  UTAH TREASURERS OFFICE UNCLAIMED PROPERTY DIVISION 168 N 1950 W STE 102 SALT LAKE CITY UT 84116  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.298.	<b>Priority creditor's name and mailing address</b>  VENTURA COUNTY TAX ASSESSOR 800 SOUTH VICTORIA AVE VENTURA CA 93009-1270  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.299.	<b>Priority creditor's name and mailing address</b>  VIRGINIA DEPT OF AGRICULTURE AND CONSUMER SVC PO BOX 430 RICHMOND VA 23218-0430  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.300.	<b>Priority creditor's name and mailing address</b>  VIRGINIA DEPT OF LABOR AND INDUSTRY COMMISSIONER 13 SOUTH THIRTEENTH ST RICHMOND VA 23219  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.301.	<b>Priority creditor's name and mailing address</b>  VIRGINIA DEPT OF TAXATION OFFICE OF CUSTOMER SVC PO BOX 1115 RICHMOND VA 23218-1115  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.302.	<b>Priority creditor's name and mailing address</b>  VIRGINIA DEPT OF TREASURY UNCLAIMED PROPERTY DIVISION 101 NORTH 14TH ST RICHMOND VA 23219  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.303.	<b>Priority creditor's name and mailing address</b>  VIRGINIA EMPLOYMENT COMMISSION PO BOX 27592 RICHMOND VA 23261-7592  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.304.	<b>Priority creditor's name and mailing address</b>  WASHINGTON COUNTY A AND T PERSONAL PROPERTY SECTION 155 NORTH FIRST AVE STE 230 MS8A HILLSBORO OR 97124  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.305.	<b>Priority creditor's name and mailing address</b>  WASHINGTON COUNTY A AND T PERSONAL PROPERTY SECTION 14949 62ND ST N STILLWATER MN 55082  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.306.	<b>Priority creditor's name and mailing address</b>  WASHINGTON DEPT OF LABOR AND INDUSTRIES DIRECTOR PO BOX 44000 OLYMPIA WA 98504-4000  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.307.	<b>Priority creditor's name and mailing address</b>  WASHINGTON DEPT OF REVENUE UNCLAIMED PROPERTY SECTION PO BOX 34053 SEATTLE WA 98124-1053  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.308.	<b>Priority creditor's name and mailing address</b>  WASHINGTON STATE DEPT OF REVENUE PO BOX 47464 OLYMPIA WA 98504-7476  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.309.	<b>Priority creditor's name and mailing address</b>  WAUWATOSA HEALTH DEPT 7725 W NORTH AVE WAUWATOSA WI 53213  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.310.	<b>Priority creditor's name and mailing address</b>  WAYNE A ROBEY CLERK OF CIRCUIT COURT 9250 BENDIX RD COLUMBIA MD 21045  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED
2.311.	<b>Priority creditor's name and mailing address</b>  WEIGHTS AND MEASURES BUREAU IOWA 2230 SOUTH ANKENY BLVD ANKENY IA 50023-9093  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED  <b>Nonpriority amount</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.312.	<b>Priority creditor's name and mailing address</b>  WEIGHTS AND MEASURES FUND PO BOX 490 AVENEL NJ 07001  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.313.	<b>Priority creditor's name and mailing address</b>  WENDY MAGNUS POTTAWATOMIE CO TREASURER WENDY MAGNUS 325 N BROADWAY STE 203 SHAWNEE OK 74801  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										
2.314.	<b>Priority creditor's name and mailing address</b>  WISCONSIN DEPT OF REVENUE 2135 RIMROCK RD MADISON WI 53713  <b>Date or dates debt was incurred</b>  VARIOUS  <b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  TAX  <b>Is the claim subject to offset?</b> <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										

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****2.315. Priority creditor's name and mailing address**

WISCONSIN DEPT OF REVENUE  
MANUFACTURING AND UTILITY  
BUREAU  
200 N JEFFERSON ST  
STE 126  
GREEN BAY WI 54301-5100

**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:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

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

WISCONSIN DEPT OF WORKFORCE  
DEVELOPMENT  
PO BOX 7942  
MADISON WI 57307-7942

**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:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED

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

WISCONSIN DEPT OF WORKFORCE  
DEVELOPMENT  
SECRETARY  
PO BOX 7946  
MADISON WI 53707-7946

**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:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

TAX

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Total claim**

UNDETERMINED

**Priority amount**

UNDETERMINED

**Nonpriority amount**

UNDETERMINED



Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

2.318.	<b>Priority creditor's name and mailing address</b>  WISCONSIN STATE TREASURER UNCLAIMED PROPERTY UNIT PO BOX 2114 MADISON WI 53701-2114	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Total claim</b> UNDETERMINED	<b>Priority amount</b> UNDETERMINED
				<b>Nonpriority amount</b> UNDETERMINED
	<b>Date or dates debt was incurred</b>  VARIOUS	<b>Basis for the claim:</b>  TAX		
	<b>Last 4 digits of account number:</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****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.

<b>3.1. Nonpriority creditor's name and mailing address</b> BELLEVUE SQUARE LLC PO BOX 908 BELLEVUE WA 98009  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEASE GUARANTEE - BELLEVUE SQUARE LLC  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.2. Nonpriority creditor's name and mailing address</b> CANDY.COM LAW OFFICES OF ROSEMARY TRAINI LLC ROSEMAN; TRAINI, ESQ. 404 SOUTH HUNTINGTON AVENUE BOSTON MA 021330  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNTS PAYABLE - COLLECTION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.3. Nonpriority creditor's name and mailing address</b> KILKENNY PROPERTIES PO BOX 631 LOS GATOS CA 95031  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LOS GATOS STORE LEASE GUARANTEE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

<b>3.4. Nonpriority creditor's name and mailing address</b> MANAGEMENT RESOURCE SYSTEMS, INC. 1907 BAKER RD HIGH POINT NC 27263  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PENDING LITIGATION  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> \$124,315.03
<b>3.5. Nonpriority creditor's name and mailing address</b> PAXION CAPITAL LP 2400 SAND HILL RD STE 100 MENLO PARK CA 94025  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> GUARANTEE - PRE-PETITION LOAN  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
<b>3.6. Nonpriority creditor's name and mailing address</b> THE GLADYNE K. MITCHELL FAMILY TRUST U/T/D MARCH 31, 1983 GLADYNE K. MITCHELL SUCCESSOR TRUSTEE 2000 WASHINGTON STREET SAN FRANCISCO CA 94109  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> LEASE GUARANTEE - 111 ELLIS ST., SAN FRANCISCO, CA  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****3.7. Nonpriority creditor's name and mailing address**

VH CREATIONS INC  
1753 EAST 5TH ST  
BROOKLYN NY 11223

**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:**

PENDING LITIGATION

**Is the claim subject to offset?**

- ☐ No  
☒ Yes

**Amount of claim**

UNDETERMINED

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

WESTLAND GARDEN STATE PLAZA LIMITED  
PARTNERSHIP  
LEGAL DEPARTMENT  
2049 CENTURY PK EAST  
41ST FL  
LOS ANGELES CA 90049

**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:**

PENDING LITIGATION

**Is the claim subject to offset?**

- ☐ No  
☒ Yes

**Amount of claim**

UNDETERMINED

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****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
FRANCHISE TAX BOARD BANKRUPTCY SECTION MSA340 PO BOX 2952 SACRAMENTO CA 95812-2952	Part 1 line 2.137	_____
HANSON BRIDGETT LLP ATTENTION: DEREK A. RIDGWAY, ESQ. 1676 NO. CALIFORNIA BLVD SUITE 620 WALNUT CREEK CA 94596	Part 2 line 3.6	_____
HUGHES HUBBARD AND REED LLP KATHRYN A COLEMAN CHRIS GARTMAN JEFF MARGOLIN ONE BATTERY PK PLZ NEW YORK NY 10004-1482	Part 2 line 3.5	_____
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA PA 19101-7346	Part 1 line 2.153	_____
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION 2970 MARKET ST MAIL STOP 5 Q30 133 PHILADELPHIA PA 19104-5016	Part 1 line 2.153	_____
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA PA 19101-7346	Part 1 line 2.155	_____
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION 2970 MARKET ST MAIL STOP 5 Q30 133 PHILADELPHIA PA 19104-5016	Part 1 line 2.155	_____
JACK SHRUM PA 'J' JACKSON SHRUM, ESQ. 919 N MARKET ST., STE 1410 WILMINGTON DE 19801	Part 2 line 3.7	_____
LECLAIRRYAN ROBERT J. BRENER, ESQ. ONE RIVERFRONT PLAZA L 03 7 RAYMOND BOULEVARD NEWARK NJ 07102	Part 2 line 3.8	_____
LINEBARGER GOGGAN BLAIR & SAMPSON LLP DON STECKER 277 NAVARRO ST., STE 300 SAN ANTONIO TX 78205	Part 1 line 2.9	_____
LINEBARGER GOGGAN BLAIR & SAMPSON LLP DON STECKER 277 NAVARRO ST., STE 300 SAN ANTONIO TX 78205	Part 1 line 2.8	_____

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

LINEBARGER GOGGAN BLAIR & SAMPSON LLP Part 1 line 2.47  
 ELIZABETH WELLER  
 2777 N STEMMONS FREEWAY STE 1000  
 DALLAS TX 75207

MICHIGAN DEPT OF TREASURY, TAX POL DIV Part 1 line 2.175  
 LITIGATION LIAISON  
 430 WEST ALLEGAN ST  
 2ND FL AUSTIN BLDG  
 LANSING MI 48922

MICHIGAN DEPT OF TREASURY, TAX POL DIV Part 1 line 2.176  
 LITIGATION LIAISON  
 430 WEST ALLEGAN ST  
 2ND FL AUSTIN BLDG  
 LANSING MI 48922

NEXSEN PRUET, PLLC Part 2 line 3.4  
 701 GREEN VALLEY ROAD  
 SUITE 100  
 GREENSBORO NC 27402

NOLD MUCHINSKY PLLC Part 2 line 3.1  
 BRIAN MUCHINSKY; THOMAS STONE  
 10500 NE 8TH ST STE 930  
 BELLEVUE WA 98004

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS Part 1 line 2.261  
 KIMBERLY A WALSH, ASST ATTORNEY GENERAL  
 ATTORNEY GENERAL'S OFFICE  
 BANKRUPTCY & COLLECTION DIVISION  
 P O BOX 12548  
 AUSTIN TX 78711-2548

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS Part 1 line 2.271  
 KIMBERLY A WALSH, ASST ATTORNEY GENERAL  
 ATTORNEY GENERAL'S OFFICE  
 BANKRUPTCY & COLLECTION DIVISION  
 P O BOX 12548  
 AUSTIN TX 78711-2548

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS Part 1 line 2.273  
 KIMBERLY A WALSH, ASST ATTORNEY GENERAL  
 ATTORNEY GENERAL'S OFFICE  
 BANKRUPTCY & COLLECTION DIVISION  
 P O BOX 12548  
 AUSTIN TX 78711-2548

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS Part 1 line 2.272  
 KIMBERLY A WALSH, ASST ATTORNEY GENERAL  
 ATTORNEY GENERAL'S OFFICE  
 BANKRUPTCY & COLLECTION DIVISION  
 P O BOX 12548  
 AUSTIN TX 78711-2548

YOUNG CONAWAY STARGATT AND TAYLOR Part 2 line 3.5  
 MICHAEL NESTOR  
 1000 NORTH KING ST  
 WILMINGTON DE 19801

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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

			Total of claim amounts
<b>5a. Total claims from Part 1</b>	5a.		\$11,893.39
<b>5b. Total claims from Part 2</b>	5b.	+	\$124,315.03
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.		\$136,208.42

**Fill in this information to identify the case:****Debtor name:** Lolli and Pops, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11814☐ Check if this is an amended filingOfficial 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** INSURANCE

**State what the contract or lease is for** EMPLOYMENT PRACTICES AND FEES INSURANCE - POLICY # DEP1454804P3

**Nature of debtor's interest** INSURED

**State the term remaining** 11/5/2019

**List the contract number of any government contract** \_\_\_\_\_

ADMIRAL INSURANCE COMPANY  
1000 HOWARD BOULEVARD SUITE 300  
P.O. BOX 5430  
MT LAUREL NJ 08054

2.2. **Title of contract** INSURANCE

**State what the contract or lease is for** EMPLOYEE HEALTHCARE INSURANCE POLICY

**Nature of debtor's interest** INSURANCE PROVIDER

**State the term remaining** 9/1/2019

**List the contract number of any government contract** \_\_\_\_\_

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

ANTHEM BLUE CROSS  
BILLING ENTITY 280092M001  
PO BOX 629  
WOODLAND HILLS CA 91365

2.3. **Title of contract** LEASE GUARANTEE

**State what the contract or lease is for** LOLLI & POPS - BELLEVUE SQUARE MALL

**Nature of debtor's interest** GUARANTOR

**State the term remaining** 6/30/2026

**List the contract number of any government contract** \_\_\_\_\_

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

BELLEVUE SQUARE LLC  
PO BOX 908  
BELLEVUE WA 98009



Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

- 2.4. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TRADEMARK LICENSE AGREEMENT
- Nature of debtor's interest** LICENSOR **EXOTIC COLORS COMMERCIAL INVESTMENTS L.L.C**
- State the term remaining** 12/4/2019 WITH 90 - DAYS WRITTEN NOTICE TO TERMINATE; INCLUDES OPTION TO EXTEND FOR ADDITIONAL 4 - YEARS **ATTENTION: MOHAMED AL MAYSARI, CEO**
- List the contract number of any government contract** \_\_\_\_\_ **PO BOX 7437**
- \_\_\_\_\_ **ABU DHABI**
- \_\_\_\_\_ **UNITED ARAB EMIRATES**
- 2.5. **Title of contract** LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SUBLEASE OF SUITES 510, 550, 570, 580, 600, 650, AND 780, FOUR EMBARCADERO CENTER, SAN FRANCISCO, CA
- Nature of debtor's interest** SUBLESSEE **LOCATEAI INC**
- State the term remaining** 11/30/2019 **FOUR EMBARCADERO**
- List the contract number of any government contract** \_\_\_\_\_ **SUITE 780**
- \_\_\_\_\_ **SAN FRANCISCO CA 94111**
- 2.6. **Title of contract** FINANCIAL PLANNING, INVENTORY MANAGEMENT AND OPERATIONAL EXECUTION **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INVENTORY MANAGEMENT & BUSINESS PROCESSING
- Nature of debtor's interest** CONTRACT PARTY **MANHATTAN RETAIL GROUP**
- State the term remaining** 9/1/2019 **ATTN ERIC FONG**
- List the contract number of any government contract** \_\_\_\_\_ **713 29TH STREET**
- \_\_\_\_\_ **MANHATTAN BEACH CA 90266**
- 2.7. **Title of contract** INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BUSINESS AND MANAGEMENT (BAM) INDEMNITY INSURANCE COVERAGE POLICY # EKS3274385
- Nature of debtor's interest** INSURED **SCOTTSDALE INSURANCE COMPANY**
- State the term remaining** 11/5/2019 **ONE NATIONWIDE PLAZA**
- List the contract number of any government contract** \_\_\_\_\_ **COLUMBUS OH 43215**
- 2.8. **Title of contract** CERTIFICATE OF LIABILITY INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** AUTOMOBILE INSURANCE POLICY # BA7H0937328CAG
- Nature of debtor's interest** INSURED **TRAVELERS INDEMNITY COMPANY OF CONNECTICUT**
- State the term remaining** 11/5/2019 **ONE TOWN SQUARE**
- List the contract number of any government contract** \_\_\_\_\_ **HARTFORD CT 01683**

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

- |       |  |   |   |
|-------|--|---|---|
| 2.9.  | <b>Title of contract</b>                                   | CERTIFICATE OF LIABILITY INSURANCE                              | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | UMBRELLA INSURANCE POLICY # CUP7H22255818                       |   |
|       | <b>Nature of debtor's interest</b>                         | INSURED   | TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA  |
|       | <b>State the term remaining</b>                            | 11/5/2019   | ONE TOWN SQUARE   |
|       | <b>List the contract number of any government contract</b> | _____   | HARTFORD CT 01683   |
|       |  |   |   |
| 2.10. | <b>Title of contract</b>                                   | CERTIFICATE OF LIABILITY INSURANCE                              | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | WORKERS' COMPENSATION INSURANCE POLICY # UB7H11794318           |   |
|       | <b>Nature of debtor's interest</b>                         | INSURED   | TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA  |
|       | <b>State the term remaining</b>                            | 11/5/2019   | ONE TOWN SQUARE   |
|       | <b>List the contract number of any government contract</b> | _____   | HARTFORD CT 01683   |
|       |  |   |   |
| 2.11. | <b>Title of contract</b>                                   | CERTIFICATE OF LIABILITY INSURANCE                              | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | COMMERCIAL GENERAL LIABILITY INSURANCE POLICY # Y6307H0932TIL18 |   |
|       | <b>Nature of debtor's interest</b>                         | INSURED   | TRAVELERS PROPERTY CASUALTY COMPANY AMERICA   |
|       | <b>State the term remaining</b>                            | 11/5/2019   | ONE TOWN SQUARE   |
|       | <b>List the contract number of any government contract</b> | _____   | HARTFORD CT 01683   |
|       |  |   |   |
| 2.12. | <b>Title of contract</b>                                   | LEASE GUARANTEE   | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|       | <b>State what the contract or lease is for</b>             | CANDYOPOLIS - WESTROADS (WESTROADS MALL)                        |   |
|       | <b>Nature of debtor's interest</b>                         | GUARANTOR   | WESTROADS MALL  |
|       | <b>State the term remaining</b>                            | 7/31/2020   | C/O WESTROADS MALL LLC  |
|       | <b>List the contract number of any government contract</b> | _____   | ATTN LAW LEASE ADMINISTRATION DEPARTMENT  |
|       |  |   | 110 NORTH WACKER DRIVE  |
|       |  |   | CHICAGO IL 60606  |

**Fill in this information to identify the case:****Debtor name:** Lolli and Pops, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11814☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

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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. MEETHA VENTURES LLC	4 EMBARCADERO CENTER SUITE 780 SAN FRANCISCO CA 94111	KM KELLY, INC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. MEETHA VENTURES LLC	4 EMBARCADERO CENTER SUITE 780 SAN FRANCISCO CA 94111	MANAGEMENT RESOURCE SYSTEMS, INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3. MEETHA VENTURES LLC	4 EMBARCADERO CENTER SUITE 780 SAN FRANCISCO CA 94111	TRIANGLE SIGN & SERVICE LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4. MEETHA VENTURES LLC	4 EMBARCADERO CENTER SUITE 780 SAN FRANCISCO CA 94111	HORIZON RETAIL CONSTRUCTION	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5. MEETHA VENTURES LLC	4 EMBARCADERO CENTER SUITE 780 SAN FRANCISCO CA 94111	THE GLADYNE K. MITCHELL FAMILY TRUST U/T/D MARCH 31, 1983	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6. MEETHA VENTURES LLC	4 EMBARCADERO CENTER SUITE 780 SAN FRANCISCO CA 94111	PAXION CAPITAL LP	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Lolli and Pops, Inc.**Case number (if known) **19-11814**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. MISHTI HOLDINGS LLC	4 EMBARCADERO CENTER SUITE 780 SAN FRANCISCO CA 94111	PAXION CAPITAL LP	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:****Debtor name:** Lolli and Pops, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11814Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

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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 12/5/2019  
MM/DD/YYYY

x

/s/ David Wright

\_\_\_\_\_  
Signature of individual signing on behalf of debtor

David Wright  
Printed name

Chief Financial Officer  
Position or relationship to debtor