

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

In re

Mishti Holdings LLC, *et al.*,

Debtors.¹

Chapter 11

Case No. 19-11813 (CSS)

Jointly Administered

**SCHEDULES OF ASSETS AND LIABILITIES FOR
MEETHA VENTURES LLC (CASE NO. 19-11815)**

¹

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.²

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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² 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:** Meetha Ventures LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11815☐ 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	\$30,738,171.34
1b. Total personal property: Copy line 91A from Schedule A/B	\$20,721,121.59
1c. Total of all property: Copy line 92 from Schedule A/B	\$51,459,292.93

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	\$559,879.65
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	+ \$22,990,595.46
4. Total liabilities Lines 2 + 3a + 3b	\$23,831,530.16

Fill in this information to identify the case:**Debtor name:** Meetha Ventures LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11815☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

2.1.	CASH REGISTER BALANCES - ALL STORES	\$37,962.76
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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.	WELLS FARGO	CHECKING	0071	\$0.00
3.2.	WELLS FARGO	CHECKING	0087	\$0.00
3.3.	WELLS FARGO	CHECKING	0095	\$0.00
3.4.	WELLS FARGO	CHECKING	0145	\$0.00
3.5.	WELLS FARGO	CHECKING	0160	\$0.00
3.6.	WELLS FARGO	CHECKING	0178	\$0.00
3.7.	WELLS FARGO	CHECKING	0194	\$0.00
3.8.	WELLS FARGO	CHECKING	0202	\$0.00
3.9.	WELLS FARGO	CHECKING	0261	\$0.00
3.10.	WELLS FARGO	CHECKING	0376	\$0.00
3.11.	WELLS FARGO	CHECKING	0769	\$0.00
3.12.	WELLS FARGO	CHECKING	0812	\$0.00
3.13.	WELLS FARGO	ZBA TO WELLS 6333	2920	\$0.00
3.14.	WELLS FARGO	WEEKLY WIRE TO FRB 7889	6333	\$156,587.96

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****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
3.15.	WELLS FARGO	ZBA TO WELLS 6333	6341	\$0.00
3.16.	WELLS FARGO	ZBA TO WELLS 6333	6759	\$0.00
3.17.	WELLS FARGO	ZBA TO WELLS 6333	6767	\$0.00
3.18.	WELLS FARGO	ZBA TO WELLS 6333	6980	\$0.00
3.19.	WELLS FARGO	ZBA TO WELLS 6333	8205	\$0.00
3.20.	WELLS FARGO	ZBA TO WELLS 6333	8213	\$0.00
3.21.	WELLS FARGO	ZBA TO WELLS 6333	8221	\$0.00
3.22.	WELLS FARGO	ZBA TO WELLS 6333	8239	\$0.00
3.23.	WELLS FARGO	ZBA TO WELLS 6333	8247	\$0.00
3.24.	WELLS FARGO	ZBA TO WELLS 6333	8262	\$0.00
3.25.	WELLS FARGO	ZBA TO WELLS 6333	8270	\$0.00
3.26.	WELLS FARGO	ZBA TO WELLS 6333	8288	\$0.00
3.27.	WELLS FARGO	ZBA TO WELLS 6333	8296	\$0.00
3.28.	WELLS FARGO	ZBA TO WELLS 6333	9915	\$0.00
3.29.	WELLS FARGO	ZBA TO WELLS 6333	9956	\$0.00
3.30.	WELLS FARGO	ZBA TO WELLS 6333	9972	\$0.00
3.31.	WELLS FARGO	ZBA TO WELLS 6333	9998	\$0.00
3.32.	BANK OF AMERICA	CHECKING	0427	\$0.00
3.33.	BANK OF AMERICA	CHECKING	0582	\$0.00
3.34.	BANK OF AMERICA	CHECKING	0595	\$0.00
3.35.	BANK OF AMERICA	CHECKING	0760	\$0.00
3.36.	BANK OF AMERICA	CHECKING	0773	\$0.00
3.37.	BANK OF AMERICA	NOT IN USE SINCE 5/24/19	1060	\$76.80
3.38.	BANK OF AMERICA	ZBA TO BOA 7861	1154	\$0.00
3.39.	BANK OF AMERICA	ZBA TO BOA 7861	1167	\$0.00
3.40.	BANK OF AMERICA	ZBA TO BOA 7861	1277	\$0.00
3.41.	BANK OF AMERICA	NOT IN USE	1329	\$0.00
3.42.	BANK OF AMERICA	NOT IN USE	1332	\$0.00
3.43.	BANK OF AMERICA	HOLDS BALANCE MANUAL WIRE TO FRB 7889	1500	\$45,482.37
3.44.	BANK OF AMERICA	2ND DAY SWEEP BOA 7861	3315	\$417.60
3.45.	BANK OF AMERICA	2ND DAY SWEEP BOA 7861	3328	\$756.30
3.46.	BANK OF AMERICA	ZBA TO BOA 7861	4320	\$0.00
3.47.	BANK OF AMERICA	ZBA TO BOA 7861	4333	\$0.00
3.48.	BANK OF AMERICA	ZBA TO BOA 7861	4375	\$0.00
3.49.	BANK OF AMERICA	ZBA TO BOA 7861	7059	\$0.00
3.50.	BANK OF AMERICA	ZBA TO BOA 7861	7225	\$0.00
3.51.	BANK OF AMERICA	ZBA TO BOA 7861	7254	\$0.00
3.52.	BANK OF AMERICA	ZBA TO BOA 7861	7377	\$0.00

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****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
3.53.	BANK OF AMERICA	ZBA TO BOA 7861	7380	\$0.00
3.54.	BANK OF AMERICA	ZBA TO BOA 7861	7429	\$0.00
3.55.	BANK OF AMERICA	ZBA TO BOA 7861	7432	\$0.00
3.56.	BANK OF AMERICA	2ND DAY SWEEP BOA 7861	7521	\$0.00
3.57.	BANK OF AMERICA	2ND DAY SWEEP BOA 7861	7534	\$0.00
3.58.	BANK OF AMERICA	ZBA TO BOA 7861	7676	\$0.00
3.59.	BANK OF AMERICA	MANUAL TRANSFER TO BOA 1500	7861	\$14,751.75
3.60.	BANK OF AMERICA	ZBA TO BOA 7861	7897	\$0.00
3.61.	BANK OF AMERICA	ZBA TO BOA 7861	7907	\$0.00
3.62.	BANK OF AMERICA	NOT IN USE	7949	\$8.82
3.63.	BANK OF AMERICA	SAVINGS/RESTRICTED CASH	8633	\$0.00
3.64.	BANK OF AMERICA	ZBA TO BOA 7861	8742	\$0.00
3.65.	BANK OF AMERICA	ZBA TO BOA 7861	8755	\$0.00
3.66.	BANK OF AMERICA	ZBA TO BOA 7861	8768	\$0.00
3.67.	BANK OF AMERICA	ZBA TO BOA 7861	8808	\$0.00
3.68.	BANK OF AMERICA	NOT IN USE	8894	\$0.00
3.69.	BANK OF AMERICA	HOLDS BALANCE	9217	\$41,449.65
3.70.	BANK OF AMERICA	ZBA TO BOA 7861	9276	\$0.00
3.71.	BANK OF AMERICA	ZBA TO BOA 7861	9356	\$0.00
3.72.	BANK OF AMERICA	ZBA TO BOA 7861	9506	\$0.00
3.73.	BANK OF AMERICA	ZBA TO BOA 7861	9519	\$0.00
3.74.	FIRST BANK OF KANSAS	MANUAL TRANSFER (ACH PULL) TO FRB 7889	1143	\$0.00
3.75.	WASHINGTON FEDERAL	MANUAL TRANSFER (ACH PULL) TO FRB 7889	1561	\$394.57
3.76.	WASHINGTON FEDERAL	MANUAL TRANSFER (ACH PULL) TO FRB 7889	1645	\$555.80
3.77.	FIRST REPUBLIC BANK	LOAN PROCEEDS AND INTEREST PAYMENTS	2010	\$304.11
3.78.	FIRST REPUBLIC BANK	0000	4415	\$416,606.78
3.79.	FIRST REPUBLIC BANK	ZBA FROM 4415	4431	\$0.00
3.80.	FIRST REPUBLIC BANK	SAVINGS/RESTRICTED CASH	4456	\$290,000.00
3.81.	FIRST REPUBLIC BANK	ZBA TO FRB 4415	7863	\$0.00
3.82.	FIRST REPUBLIC BANK	ZBA TO FRB 4415	7871	\$0.00
3.83.	FIRST REPUBLIC BANK	ZBA TO FRB 4415	7889	\$0.00
3.84.	CHASE BANK	MANUAL TRANSFER (ACH PULL) TO FRB 7889	2555	\$1,860.97
3.85.	CHASE BANK	MANUAL TRANSFER (ACH PULL) TO FRB 7889	7973	\$1,820.49

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****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
3.86.	CHASE BANK	MANUAL TRANSFER (ACH PULL) TO FRB 7889	8179	\$1,573.66
3.87.	BBVA COMPASS	MANUAL TRANSFER (ACH PULL) TO FRB 7889	3523	\$460.14
3.88.	FIRST WESTROADS BANK	MANUAL TRANSFER (ACH PULL) TO FRB 7889	4185	\$445.26
3.89.	BANC FIRST	MANUAL TRANSFER (ACH PULL) TO FRB 7889	5257	\$697.69
3.90.	FIRST UNITED BANK	MANUAL TRANSFER (ACH PULL) TO FRB 7889	6295	\$0.00
3.91.	BANK VI (BANK SIX)	MANUAL TRANSFER (ACH PULL) TO FRB 7889	6608	\$493.27
3.92.	TD BANK	MANUAL TRANSFER (ACH PULL) TO FRB 7889	6704	\$1,682.53
3.93.	GREAT SOUTHERN BANK	MANUAL TRANSFER (ACH PULL) TO FRB 7889	7126	\$952.48
3.94.	ACCESS BANK	MANUAL TRANSFER (ACH PULL) TO FRB 7889	7510	\$246.00
3.95.	CAPITAL ONE BANK	MANUAL TRANSFER (ACH PULL) TO FRB 7889	7997	\$493.82
3.96.	INTERNATIONAL BANK OF COMMERCE	MANUAL TRANSFER (ACH PULL) TO FRB 7889	9136	\$1,148.96
3.97.	TEXAS COMMUNITY BANK	MANUAL TRANSFER (ACH PULL) TO FRB 7889	9795	\$1,587.59

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.

\$1,018,818.13

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

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

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	REAL PROPERTY LEASE SECURITY DEPOSIT 49 POWELL STREET ASSOCIATES LLC	\$14,400.00
7.2.	REAL PROPERTY LEASE SECURITY DEPOSIT ANNAPOLIS MALL OWNER LLC	\$30,000.00
7.3.	REAL PROPERTY LEASE SECURITY DEPOSIT LOCATEAI INC	\$15,000.00

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****7. Deposits, including security deposits and utility deposits**

	Description, including name of holder of deposit	Current value of debtor's interest
7.4.	SALES TAX DEPOSIT MISSOURI DEPT. OF REVENUE	\$17,310.00
7.5.	REAL PROPERTY LEASE SECURITY DEPOSIT ROSEVILLE SHOPPINGTOWN LLC	\$14,750.00
7.6.	OFF SITE STORAGE SECURITY DEPOSIT SYSTRON BUSINESS CENTER, LLC	\$6,950.00

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

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	PREPAID EXPENSE AMERICAN WHOLESALE LIGHTING INC.	\$86,778.30
8.2.	PREPAID EXPENSE CUSHMAN & WAKEFIELD BROKER COMMISSION (111 ELLIS)	\$11,721.33
8.3.	PRE-PETITION RETAINER BALANCE DONLIN RECANO & COMPANY, INC.	\$4,116.10
8.4.	PREPAID INSURANCE GLADYNE K. MITCHELL FAMILY TRUST A	\$2,139.31
8.5.	PRE-PETITION RETAINER BALANCE GLASSRATNER ADVISORY & CAPITAL GROUP LLC	\$73,873.17
8.6.	PREPAID EXPENSE GRANITE TELECOMMUNICATIONS	\$87,787.80
8.7.	PREPAID INSURANCE HEFFERNAN D&O INSURANCE	\$2,456.99
8.8.	PREPAID INSURANCE HEFFERNAN EPLI INSURANCE	\$17,792.29
8.9.	PREPAID EXPENSE INFOR US	\$16,666.67
8.10.	PREPAID EXPENSE KIDDER MATHEWS 49 POWELL	\$19,333.35
8.11.	PREPAID COMMISSION MCGOVERN ESCROW SERVICES	\$370,617.24
8.12.	PRE-PETITION RETAINER BALANCE MORRIS NICHOLS ARSHT & TUNNELL	\$149,783.15
8.13.	PREPAID EXPENSE NOA BRANDS AMERICA 192457	\$52,387.92
8.14.	PREPAID INSURANCE OHIO WORKERS COMP	\$4,477.00

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****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
8.15.	PREPAID EXPENSE ORACLE AMERICA, INC. 8268032	\$481.20
8.16.	PREPAID EXPENSE ORACLE AMERICA, INC. 8269058	\$4,290.70
8.17.	PREPAID EXPENSE SOFTCHOICE CORPORATION 4940582	\$1,448.72
8.18.	PREPAID EXPENSE SOFTCHOICE CORPORATION 5009872	\$3,674.20
8.19.	PRE-PETITION RETAINER BALANCE THEODORA ORINGHER PC	\$142,310.30
8.20.	PREPAID INSURANCE TRAVELER'S BUSINESS AUTO	\$1,871.50
8.21.	PREPAID INSURANCE TRAVELER'S COMMERCIAL PACKAGE	\$41,304.00
8.22.	PREPAID INSURANCE TRAVELER'S UMBRELLA	\$1,908.75
8.23.	PREPAID INSURANCE TRAVELER'S WORKERS COMP	\$69,467.50
8.24.	PREPAID EXPENSE VH CREATIONS INC. INV 7501-B-1	\$5,736.15

9. Total of part 2

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

\$1,270,833.64

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:	\$1,779,522.33	- \$144,278.00	= → \$1,635,244.33

12. Total of part 3

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

\$1,635,244.33

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****Part 4: Investments****13. Does the debtor own any investments?**

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

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

Name of fund or stock

14.1. _____ \$ _____

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

Name of entity

% of ownership

15.1. _____ % _____ \$ _____

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

Describe

16.1. _____ \$ _____

17. Total of part 4

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

\$0.00

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

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

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

19.1. _____ \$ _____

20. Work in progress

20.1. _____ \$ _____

21. Finished goods, including goods held for resale

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
21.1. SUPPLY, PRODUCT & FREIGHT ON BOARD INVENTORY	2/2019	\$5,763,908.23	NET BOOK VALUE	\$5,763,908.23

22. Other inventory or supplies

22.1. _____ \$ _____

23. Total of part 5

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

\$5,763,908.23

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****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: \$469,980.18 Valuation method: COST Current value: \$469,980.18

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

- ☒ No
☐ Yes

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
28.1. _____	\$ _____	_____	\$ _____
29. Farm animals. Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
30.1. _____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
31.1. _____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
32.1. _____	\$ _____	_____	\$ _____
33. Total of part 6			
Add lines 28 through 32. Copy the total to line 85.			\$0.00

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
☐ Yes

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1. SEE RESPONSE IN PART 8, NO. 50	\$ _____	_____	\$ _____
40. Office fixtures			
40.1. SEE RESPONSE IN PART 8, NO. 50	\$ _____	_____	\$ _____
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. SEE RESPONSE IN PART 8, NO. 50	\$ _____	_____	\$ _____
42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1. _____	\$ _____	_____	\$ _____
43. Total of part 7			
Add lines 39 through 42. Copy the total to line 86.			\$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)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. JF2SJADC9GH516063 2016 SUBARU FORESTER	\$12,599.76	Net book Value	\$12,599.76

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

47.2. 2HKRM4H39DH681107 2013 HONDA CRV-LX \$3,062.81 Net book Value \$3,062.81

47.3. 5J6RE3H34BL016724 2011 HONDA CRV \$0.00 Net book Value \$0.00

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

48.1. _____ \$ _____ _____ \$ _____

49. Aircraft and accessories

49.1. _____ \$ _____ _____ \$ _____

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

50.1. OFFICE AND RETAIL STORES - FURNITURE, FIXTURES AND EQUIPMENT \$6,338,179.68 net book value \$6,338,179.68

50.2. OFFICE AND RETAIL STORES - MACHINERY, HARDWARE & EQUIPMENT \$2,322,068.09 net book value \$2,322,068.09

51. Total of part 8

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

\$8,675,910.34

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

☐ No

☒ Yes

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

☒ No

☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.

☒ Yes. Fill in the information below.

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

Nature and extent of debtor's interest in property

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

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

CORPORATE OFFICE
111 ELLIS STREET
SECOND AND THIRD FLOORS
SAN FRANCISCO CA 94102

55.2. _____ LEASEHOLD INTEREST UNDETERMINED _____ UNDETERMINED

OFFICE

OFFICE
49 POWER STREET
SIXTH FLOOR
SAN FRANCISCO CA 94105

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.3.	RETAIL CANDYOPOLIS - LAWTON (CENTRAL MALL) 51 CENTRAL MALL LAWTON OK 73501-4601	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.4.	RETAIL CANDYOPOLIS - OAK VIEW (OAK VIEW MALL) 3001 S. 144TH STREET B11 OMAHA NE 68144	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.5.	RETAIL CANDYOPOLIS - QUAIL SPRINGS (QUAIL SPRINGS MALL) 2501 WEST MEMORIAL ROAD 255 OKLAHOMA CITY OK 73134-8039	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.6.	RETAIL CANDYOPOLIS - SALINA (CENTRAL MALL) 2259 SOUTH 9TH STREET 58 SALINA KS 67401-7313	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.7.	RETAIL CANDYOPOLIS - SHAWNEE (SHAWNEE MALL) 4901 NORTH KICKAPOO AVENUE 1494 SHAWNEE OK 74804-1307	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.8.	RETAIL CANDYOPOLIS - SOONER (SOONER FASHION MALL) 3301 W MAIN STREET 325 NORMAN OK 73072-4809	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.9.	RETAIL CANDYOPOLIS - TOPEKA (WESTRIDGE MALL) 1801 SOUTHWEST WANAMAKER ROAD G12 TOPEKA KS 66604-3817	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.10.	RETAIL CANDYOPOLIS - WESTROADS (WESTROADS MALL) 10000 CALIFORNIA STREET 2414 OMAHA NE 68114	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.11.	RETAIL CANDYOPOLIS - WICHITA EAST (TOWNE EAST SQUARE MALL) 7700 EAST KELLOGG DRIVE WICHITA KS 67207-1772	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.12.	RETAIL CANDYOPOLIS - WICHITA WEST (TOWNE WEST SQUARE MALL) 4600 WEST KELLOGG DRIVE WICHITA KS 67209	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.13.	RETAIL LOLLI & POPS - ALDERWOOD MALL 3000 184TH STREET SOUTHWEST 352 LYNNWOOD WA 98037	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.14.	RETAIL LOLLI & POPS - ANNAPOLIS 2002 ANNAPOLIS MALL 130 ANNAPOLIS MD 21401	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.15.	RETAIL LOLLI & POPS - ARDEN FAIR 1689 ARDEN WAY 1136 SACRAMENTO CA 95815	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.16.	RETAIL LOLLI & POPS - BATON ROUGE 6401 BLUEBONNET BOULEVARD 1046 BATON ROUGE LA 70836	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.17. _____ RETAIL LOLLI & POPS - BATTLEFIELD MALL 2825 SOUTH GLENSTONE AVENUE T06 SPRINGFIELD MO 65804	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.18. _____ RETAIL LOLLI & POPS - BAYBROOK MALL 500 BAYBROOK MALL 1188 FRIENDSWOOD TX 77546	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.19. _____ RETAIL LOLLI & POPS - BEACHWOOD PLACE 26300 CEDAR ROAD UNIT 1430 BEACHWOOD OH 44122	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.20. _____ RETAIL LOLLI & POPS - BELLEVUE SQUARE MALL 165 BELLEVUE SQUARE BELLEVUE WA 98001	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.21. _____ RETAIL LOLLI & POPS - BOISE TOWN SQUARE 350 N. MILWAUKEE STREET 1145 BOISE ID 83704	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.22. _____ RETAIL LOLLI & POPS - BRIDGEWATER COMMONS 400 COMMONS WAY 218 BRIDGEWATER NJ 08807	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.23. _____ RETAIL LOLLI & POPS - CHERRY CREEK SHOPPING CENTER 3000 EAST FIRST AVENUE 195 DENVER CO 80206	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.24.	RETAIL LOLLI & POPS - CHICAGO 5220 FASHION OUTLET WAY 1085 ROSEMONT IL 60018	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.25.	RETAIL LOLLI & POPS - CHICAGO FASHION OUTLETS MALL 5220 FASHION OUTLETS WAY, #1085. ROSEMONT IL 60018	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.26.	RETAIL LOLLI & POPS - CHRISTIANA MALL 174 CHRISTIANA MALL 1555 NEWARK DE 19702	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.27.	RETAIL LOLLI & POPS - CLACKAMAS TOWN CENTER 12000 SE 82ND AVENUE 1045 HAPPY VALLEY OR 97086	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.28.	RETAIL LOLLI & POPS - CORONADO CENTER 6600 MENAUL BOULEVARD NE T-010 ALBUQUERQUE NM 87110	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.29.	RETAIL LOLLI & POPS - FAIR OAKS 11816L FAIR OAKS L-134 FAIRFAX VA 22033	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.30.	RETAIL LOLLI & POPS - FASHION PLACE 6191 SOUTH STATE STREET C226 MURRAY UT 84107	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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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					
55.31.	RETAIL LOLLI & POPS - FASHION SHOW 3200 S. LAS VEGAS BOULEVARD 1055 LAS VEGAS NV 89109	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.32.	RETAIL LOLLI & POPS - FASHION SQUARE 14006 RIVERSIDE DRIVE 76 SHERMAN OAKS CA 91423	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.33.	RETAIL LOLLI & POPS - FIRST COLONY 16535 SOUTHWEST FREEWAY 620 SUGAR LAND TX 77479	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.34.	RETAIL LOLLI & POPS - GALLERIA AT ROSEVILLE 1151 GALLERIA BOULEVARD 227 ROSEVILLE CA 95678	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.35.	RETAIL LOLLI & POPS - GARDEN STATE PLAZA 1 GARDEN STATE PLAZA 1103 PARAMUS NJ 07652	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.36.	RETAIL LOLLI & POPS - GLENDALE GALLERIA 1175 GLENDALE GALLERIA 8008 GLENDALE CA 91210	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.37.	RETAIL LOLLI & POPS - JORDAN CREEK TOWN CENTER 101 JORDAN CREEK PKWAY 11048 DES MOINES IA 50266	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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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				
55.38. _____ RETAIL LOLLI & POPS - KENWOOD TOWNE CETNER 7875 MONTGOMERY ROAD 1235 CINCINNATI OH 45236	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.39. _____ RETAIL LOLLI & POPS - KING OF PRUSSIA 160 NORTH GULPH ROAD 1225D KING OF PRUSSIA PA 19406	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.40. _____ RETAIL LOLLI & POPS - LEHIGH VALLEY MALL 138 LEHIGH VALLEY MALL WHITEHALL PA 18052	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.41. _____ RETAIL LOLLI & POPS - LOS GATOS 35 NORTH SANTA CRUZ AVENUE LOS GATOS CA 95030	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.42. _____ RETAIL LOLLI & POPS - MALL OF COLUMBIA 10300 LITTLE PATUXENT PARKWAY 1050 COLUMBIA MD 21044	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.43. _____ RETAIL LOLLI & POPS - MALL ST. MATTHEWS 5000 SHELBYVILLE ROAD 1420 LOUISVILLE KY 40207	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.44. _____ RETAIL LOLLI & POPS - MAYFAIR MALL 2500 N. MAYFAIR ROAD WAUWATOSA WI 53226	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.45. _____ RETAIL LOLLI & POPS - MEMORIAL CITY MALL 303 MEMORIAL CITY 291 HOUSTON TX 77024	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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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				
55.46.	RETAIL LOLLI & POPS - MONTGOMERY 7101 DEMOCRACY BOULEVARD STORE 1046 BETHESDA MD 20817	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.47.	RETAIL LOLLI & POPS - NATICK MALL 1245 WORCESTER STREET 1046 NATICK MA 01760	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.48.	RETAIL LOLLI & POPS - NORTH POINT MALL 1000 NORTH POINT CIRCLE 1186 ALPHARETTA GA 30022	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.49.	RETAIL LOLLI & POPS - NORTH STAR MALL 7400 SAN PEDRO 1215 SAN ANTONIO TX 78216	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.50.	RETAIL LOLLI & POPS - NORTHRIDGE FASHION CENTER 9301 TAMPA AVENUE 27 NORTHRIDGE CA 91324	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.51.	RETAIL LOLLI & POPS - OAK PARK MALL 11413 WEST 95TH STREET 45 OVERLAND PARK KS 66214	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.52.	RETAIL LOLLI & POPS - OAKBROOK CENTER 513 OAKBROOK CENTER OAKBROOK IL 60523	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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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				
55.53. _____ RETAIL LOLLI & POPS - OAKRIDGE MALL 925 BLOSSOM HILL ROAD Y14 SAN JOSE CA 95123	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.54. _____ RETAIL LOLLI & POPS - OXMOOR CENTER 7900 SHELBYVILLE ROAD LOUISVILLE KY 40222	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.55. _____ RETAIL LOLLI & POPS - PALM SPRINGS 111 N. PALM CANYON DRIVE 140 PALM SPRINGS CA 92262	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.56. _____ RETAIL LOLLI & POPS - PARK CITY 208 PARK CITY CENTER LANCASTER PA 17601	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.57. _____ RETAIL LOLLI & POPS - PARK MEADOWS 8505 PARK MEADOWS CENTER DRIVE 2580 LONE TREE CO 80124	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.58. _____ RETAIL LOLLI & POPS - PENN SQUARE MALL 1901 NORTHWEST EXPRESSWAY 2003 OKLAHOMA CITY OK 73118-1607	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.59. _____ RETAIL LOLLI & POPS - PERIMETER MALL 4400 ASHFORD DUNWOODY ROAD 1355 ATLANTA GA 30346	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED

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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				
55.60. _____ RETAIL LOLLI & POPS - PROVIDENCE PLACE 114 PROVIDENCE PLACE 5388 PROVIDENCE RI 02903	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.61. _____ RETAIL LOLLI & POPS - RIDGEDALE CENTER 12269 WAYZATA BOULEVARD 1163 MINNETONKA MN 55305	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.62. _____ RETAIL LOLLI & POPS - SHOPS AT MISSION VIEJO 362 THE SHOPS AT MISSION VIEJO MISSION VIEJO CA 92691	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.63. _____ RETAIL LOLLI & POPS - SOUTHCENTER 251 SOUTHCENTER MALL SEATTLE WA 98188	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.64. _____ RETAIL LOLLI & POPS - STONEBRIAR CENTER 2601 PRESTON ROAD 2012 FRISCO TX 75034	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.65. _____ RETAIL LOLLI & POPS - STONESTOWN GALLERIA 3251 20TH AVENUE 167 SAN FRANCISCO CA 94132	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.66. _____ RETAIL LOLLI & POPS - THE GRAND CANAL SHOPPES 3377 LAS VEGAS BOULEVARD 2105 LAS VEGAS NV 89109	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED

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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					
55.67.	RETAIL LOLLI & POPS - THE MAINE MALL 364 MAINE MALL ROAD W-117 SOUTH PORTLAND ME 04106	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.68.	RETAIL LOLLI & POPS - THE OAKS 228 W. HILLCREST DRIVE 2019 THOUSAND OAKS CA 91360	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.69.	RETAIL LOLLI & POPS - THE PALAZZO 3327 LAS VEGAS BOULEVARD 2860 LAS VEGAS NV 89109	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.70.	RETAIL LOLLI & POPS - THE SHOPS AT LA CANTERA 15900 LA CANTERA PARKWAY 8860 SAN ANTONIO TX 78256	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.71.	RETAIL LOLLI & POPS - THE STREETS AT SOUTHPOINT 6910 FAYETTEVILLE ROAD 182 DURHAM NC 27713	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.72.	RETAIL LOLLI & POPS - THE WOODLANDS MALL 1201 LAKE WOODLANDS DRIVE 1180 THE WOODLANDS TX 77380	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.73.	RETAIL LOLLI & POPS - TOPANGA MALL 6600 TOPANGA CANYON BOULEVARD 1086 CANOGA PARK CA 91303	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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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					
55.74.	RETAIL LOLLI & POPS - TOWSON TOWN CENTER 825 DULANEY VALLEY ROAD 3360 TOWSON MD 21204	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.75.	RETAIL LOLLI & POPS - TULSA 7021 S. MEMORIAL DRIVE 273 TULSA OK 74133	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.76.	RETAIL LOLLI & POPS - TWELVE OAKS 27494B NOVI ROAD NOVI MI 48377	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.77.	RETAIL LOLLI & POPS - TYSONS CORNER 7904L TYSONS CORNER CENTER E1AL MCLEAN VA 22102	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.78.	RETAIL LOLLI & POPS - WASHINGTON SQUARE 9642 SW WASHINGTON SQUARE ROAD G12 TIGARD OR 97223	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.79.	RETAIL LOLLI & POPS - WEST COUNTY CENTER 29 WEST COUNTY CENTER 1055 DES PERES MO 63131	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.80.	RETAIL LOLLI & POPS - WESTLAKE CENTER 400 PINE STREET 126 SEATTLE WA 98101	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED

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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

55.81. _____ RETAIL LOLLI & POPS - WILLOWBROOK MALL 1400 WILLOWBROOK MALL 1515 WAYNE NJ 07470	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.82. _____ RETAIL LOLLI & POPS - WILLOWBROOK TX MALL 1590 WILLOWBROOK MALL HOUSTON TX 77070	LEASEHOLD INTEREST	UNDETERMINED	_____	UNDETERMINED
55.83. _____ RETAIL RETAIL - LEASEHOLD IMPROVEMENTS - ALL PROPERTY	LEASEHOLD INTEREST	\$30,738,171.34	NET BOOK VALUE	\$30,738,171.34

56. Total of part 9

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

\$30,738,171.34

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. _____ \$ _____ _____ \$ _____

61. Internet domain names and websites

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. _____	\$ _____	_____	\$ _____

62. Licenses, franchises, and royalties

62.1. BUSINESS LICENSE - TULSA - TULSA OK	UNDETERMINED	_____	UNDETERMINED
62.2. BUSINESS LICENSE - PENN SQUARE - OKLAHOMA CITY OK	UNDETERMINED	_____	UNDETERMINED

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62.3.	BUSINESS LICENSE - CHICAGO - ROSEMONT IL	UNDETERMINED	_____	UNDETERMINED
62.4.	BUSINESS LICENSE - ROSEVILLE - ROSEVILLE CA	UNDETERMINED	_____	UNDETERMINED
62.5.	BUSINESS LICENSE - GLENDALE - GLENDALE CA	UNDETERMINED	_____	UNDETERMINED
62.6.	BUSINESS LICENSE - STONEBRIAR MALL - FRISCO TX	UNDETERMINED	_____	UNDETERMINED
62.7.	BUSINESS LICENSE - LA CANTERA - SAN ANTONIO TX	UNDETERMINED	_____	UNDETERMINED
62.8.	BUSINESS LICENSE - TYSON'S CORNER - MCLEAN VA	UNDETERMINED	_____	UNDETERMINED
62.9.	BUSINESS LICENSE - ALDERWOOD MALL - LYNNWOOD WA	UNDETERMINED	_____	UNDETERMINED
62.10.	BUSINESS LICENSE - ANNAPOLIS - ANNAPOLIS MD	UNDETERMINED	_____	UNDETERMINED
62.11.	BUSINESS LICENSE - THE WOODLANDS - THE WOODLANDS TX	UNDETERMINED	_____	UNDETERMINED
62.12.	BUSINESS LICENSE - BATON ROUGE - BATON ROUGE LA	UNDETERMINED	_____	UNDETERMINED
62.13.	BUSINESS LICENSE - PARK MEADOWS - LONE TREE CO	UNDETERMINED	_____	UNDETERMINED
62.14.	BUSINESS LICENSE - TOPANGA - CANOGA PAK CA	UNDETERMINED	_____	UNDETERMINED
62.15.	BUSINESS LICENSE - FASHION SQUARE - SHERMAN OAKS CA	UNDETERMINED	_____	UNDETERMINED
62.16.	BUSINESS LICENSE - MONTGOMERY - BETHESDA MD	UNDETERMINED	_____	UNDETERMINED
62.17.	BUSINESS LICENSE - WASHINGTON SQUARE - TIGARD OR	UNDETERMINED	_____	UNDETERMINED
62.18.	LIQUOR LICENSE - WASHINGTON SQUARE - TIGARD OR	UNDETERMINED	_____	UNDETERMINED
62.19.	BUSINESS LICENSE - THE OAKS - THOUSAND OAKS CA	UNDETERMINED	_____	UNDETERMINED
62.20.	BUSINESS LICENSE - SOUTHCENTER - TUKWILA WA	UNDETERMINED	_____	UNDETERMINED
62.21.	BUSINESS LICENSE - NATICK - NATICK MA	UNDETERMINED	_____	UNDETERMINED
62.22.	BUSINESS LICENSE - MEMORIAL CITY - HOSTON TX	UNDETERMINED	_____	UNDETERMINED
62.23.	BUSINESS LICENSE - OAKRIDGE MALL - SAN JOSE CA	UNDETERMINED	_____	UNDETERMINED
62.24.	BUSINESS LICENSE - BELLEVUE - BELLEVUE WA	UNDETERMINED	_____	UNDETERMINED
62.25.	BUSINESS LICENSE - ARDEN FAIR - SACRAMENTO CA	UNDETERMINED	_____	UNDETERMINED
62.26.	BUSINESS LICENSE - LOS GATOS - LOS GATOR CA	UNDETERMINED	_____	UNDETERMINED
62.27.	BUSINESS LICENSE - BOISE TOWN SQUARE - BOISE ID	UNDETERMINED	_____	UNDETERMINED
62.28.	BUSINESS LICENSE - PERIMETER MALL - ATLANTA GA	UNDETERMINED	_____	UNDETERMINED
62.29.	BUSINESS LICENSE - NORTH POINT MALL - ALPHARETTA GA	UNDETERMINED	_____	UNDETERMINED
62.30.	BUSINESS LICENSE - GARDEN STATE PLAZA - PARAMUS NJ	UNDETERMINED	_____	UNDETERMINED
62.31.	BUSINESS LICENSE - WEST COUNTY CENTER - DES PERES MO	UNDETERMINED	_____	UNDETERMINED
62.32.	BUSINESS LICENSE - BATTLEFIELD MALL - SPRINGFIELD MO	UNDETERMINED	_____	UNDETERMINED
62.33.	BUSINESS LICENSE - SHOPS MISSION VIEJO - MISSION VIEJO CA	UNDETERMINED	_____	UNDETERMINED
62.34.	BUSINESS LICENSE - KING OF PRUSSIA - KING OF PRUSSIA PA	UNDETERMINED	_____	UNDETERMINED
62.35.	BUSINESS LICENSE - LEHIGH VALLEY MALL - WHITEHALL PA	UNDETERMINED	_____	UNDETERMINED
62.36.	BUSINESS LICENSE - WILLOWBROOK MALL - WAYNE NJ	UNDETERMINED	_____	UNDETERMINED
62.37.	BUSINESS LICENSE - RIDGEDALE CENTER - MINNETONKA MN	UNDETERMINED	_____	UNDETERMINED
62.38.	BUSINESS LICENSE - OAK PARK MALL - OVERLAND PARK KS	UNDETERMINED	_____	UNDETERMINED

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62.39.	BUSINESS LICENSE - CORONADO MALL - ALBUQUERQUE NM	UNDETERMINED	_____	UNDETERMINED
62.40.	BUSINESS LICENSE - FASHION PLACE - MURRAY UT	UNDETERMINED	_____	UNDETERMINED
62.41.	BUSINESS LICENSE - NORTH STAR MALL - SAN ANTONIO TX	UNDETERMINED	_____	UNDETERMINED
62.42.	BUSINESS LICENSE - MALL OF COLUMBIA - COLUMBIA MD	UNDETERMINED	_____	UNDETERMINED
62.43.	BUSINESS LICENSE - OAKBROOK CENTER - OAKBROOK IL	UNDETERMINED	_____	UNDETERMINED
62.44.	BUSINESS LICENSE - BAYBROOK MALL - FRIENDSWOOD TX	UNDETERMINED	_____	UNDETERMINED
62.45.	BUSINESS LICENSE - PARK CITY CENTER - LANCASTER PA	UNDETERMINED	_____	UNDETERMINED
62.46.	BUSINESS LICENSE - FASHION SHOW MALL - LAS VEGAS NV	UNDETERMINED	_____	UNDETERMINED
62.47.	BUSINESS LICENSE - BRIDGEWATER - BRIDGEWATER NJ	UNDETERMINED	_____	UNDETERMINED
62.48.	BUSINESS LICENSE - STONESTOWN - SAN FRANCISCO CA	UNDETERMINED	_____	UNDETERMINED
62.49.	BUSINESS LICENSE - TOWSON - TOWSON MD	UNDETERMINED	_____	UNDETERMINED
62.50.	BUSINESS LICENSE - STREETS AT SOUTHPOINT - DURHAM NC	UNDETERMINED	_____	UNDETERMINED
62.51.	BUSINESS LICENSE - FIRST COLONY - SUGAR LAND TX	UNDETERMINED	_____	UNDETERMINED
62.52.	BUSINESS LICENSE - NORTHRIDGE - NORTHRIDGE CA	UNDETERMINED	_____	UNDETERMINED
62.53.	BUSINESS LICENSE - JORDAN CREEK - DES MOINES IA	UNDETERMINED	_____	UNDETERMINED
62.54.	BUSINESS LICENSE - OXMOOR - LOUISVILLE KY	UNDETERMINED	_____	UNDETERMINED
62.55.	BUSINESS LICENSE - MALL ST. MATTHEWS - LOUISVILLE KY	UNDETERMINED	_____	UNDETERMINED
62.56.	BUSINESS LICENSE - CLACKAMAS - HAPPY VALLEY OR	UNDETERMINED	_____	UNDETERMINED
62.57.	BUSINESS LICENSE - GRAND CANAL - LAS VEGAS NV	UNDETERMINED	_____	UNDETERMINED
62.58.	BUSINESS LICENSE - PALAZZO - LAS VEGAS NV	UNDETERMINED	_____	UNDETERMINED
62.59.	BUSINESS LICENSE - KENWOOD - CINCINNATI OH	UNDETERMINED	_____	UNDETERMINED
62.60.	BUSINESS LICENSE - WEST LAKE - SEATTLE WA	UNDETERMINED	_____	UNDETERMINED
62.61.	BUSINESS LICENSE - PROVIDENCE PLACE - PROVIDENCE RI	UNDETERMINED	_____	UNDETERMINED
62.62.	BUSINESS LICENSE - BEACHWOOD PLACE - BEACHWOOD OH	UNDETERMINED	_____	UNDETERMINED
62.63.	BUSINESS LICENSE - MAINE MALL - SOUTH PORTLAND NE	UNDETERMINED	_____	UNDETERMINED
62.64.	BUSINESS LICENSE - CHRISTIANA - NEWARK DE	UNDETERMINED	_____	UNDETERMINED
62.65.	BUSINESS LICENSE - MAYFAIR - WAUWATOSA WI	UNDETERMINED	_____	UNDETERMINED
62.66.	BUSINESS LICENSE - PALM SPRINGS - PALM SPRINGS CA	UNDETERMINED	_____	UNDETERMINED
62.67.	BUSINESS LICENSE - TWELVE OAKS - NOVI MI	UNDETERMINED	_____	UNDETERMINED
62.68.	BUSINESS LICENSE - FAIR OAKS - FAIRFAX VA	UNDETERMINED	_____	UNDETERMINED
62.69.	BUSINESS LICENSE - CHERRY CREEK - DENVER CO	UNDETERMINED	_____	UNDETERMINED
62.70.	BUSINESS LICENSE - WILLOWBROOK TX - WILLOWBROOK TX	UNDETERMINED	_____	UNDETERMINED

63. Customer lists, mailing lists, or other compilations

63.1.	CUSTOMER LISTS INCLUDING REWARDS PROGRAM	UNDETERMINED	_____	UNDETERMINED
-------	--	--------------	-------	--------------

64. Other intangibles, or intellectual property

64.1.	ARCHITECTURAL FEES	\$839,828.81	Net Book Value	\$839,828.81
64.2.	SOFTWARE	\$140,169.22	Net Book Value	\$140,169.22
64.3.	WEBSITE DEVELOPMENT FEES	\$832,135.60	Net Book Value	\$832,135.60

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****65. Goodwill**

65.1. _____ \$ _____ \$ _____

66. Total of part 10

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

\$1,812,133.63**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. MISSOURI DEPT OF REVENUE	\$229.55	\$ _____	2016	\$229.55
72.2. US DEPARTMENT OF THE TREASURY	\$ _____	\$24,934,002.20	ENDING FISCAL JULY 2019	UNDETERMINED

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

73.2.	SCOTTSDALE INSURANCE COMPANY	BUSINESS AND MANAGEMENT (BAM) INDEMNITY INSURANCE COVERAGE POLICY # EKS3274385	_____	_____	_____	UNDETERMINED
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.	KATERRA RENOVATIONS LLC LIQUIDATED DAMAGES	\$450,000.00	\$450,000.00

76. Trusts, equitable or future interests in property

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

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1.	MISCELLANEOUS ORDINARY COURSE OF BUSINESS CREDITS	\$94,043.74
77.2.	SUBLESSEE RECEIVABLE - BEST WISDOM TECHNOLOGY, LLC	UNDETERMINED
77.3.	SUBLESSEE RECEIVABLE - BALLAST INVESTMENTS, LLC	UNDETERMINED

78. Total of part 11

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

\$544,273.29

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$1,018,818.13	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,270,833.64	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,635,244.33	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$5,763,908.23	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$8,675,910.34	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$30,738,171.34
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$1,812,133.63	
90. All other assets. <i>Copy line 78, Part 11.</i> +	\$544,273.29	
91. Total. Add lines 80 through 90 for each column.91a.	\$20,721,121.59	+ 91b. \$30,738,171.34
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$51,459,292.93

Fill in this information to identify the case:**Debtor name:** Meetha Ventures LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11815☐ Check if this is an amended filingOfficial 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 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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****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 NO. 162-16-213-014

\$111,246.52

UNDETERMINED

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

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 **Meetha Ventures LLC**Case number (if known) **19-11815**

- 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 **Meetha Ventures LLC**Case number (if known) **19-11815****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.	MEADE LAW GROUP LEON F MEAD II, ESQ. 10161 PARK RUN DR SUITE 150 LAS VEGAS NV 89145	Line 2.1	_____
3.3.	MEADE LAW GROUP LEON F MEAD II, ESQ. 10161 PARK RUN DR SUITE 150 LAS VEGAS NV 89145	Line 2.2	_____
3.4.	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:** Meetha Ventures LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11815☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1.	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	ADAMS, ALEXANDREA D 20843 LANDMARK DR HARRAH OK 73045	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$34.02	\$34.02
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			Nonpriority amount \$0.00

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.3.	Priority creditor's name and mailing address AKERS, LARISSA M. 5147 O SULLIVAN DR LOS ANGELES CA 90032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$40.16	Priority amount \$40.16
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4.	Priority creditor's name and mailing address ALUMBAUGH, AMANDA K 2632 57TH ST SACRAMENTO CA 95817	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$104.53	Priority amount \$104.53
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5.	Priority creditor's name and mailing address AMBROSINO, ADRIANNA N 165 FRANKLIN ST BLOOMFIELD NJ 07003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$102.00	Priority amount \$102.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.6.	Priority creditor's name and mailing address AMMERMAN, EAN J 540 PENN ST CATASAUQUA PA 18032 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$163.80</td> </tr> </table>	Total claim	\$163.80	<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;">\$163.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$163.80	Nonpriority amount	\$0.00
Total claim										
\$163.80										
Priority amount										
\$163.80										
Nonpriority amount										
\$0.00										
2.7.	Priority creditor's name and mailing address ANNE ARUNDEL COUNTY HEALTH DEPT 3 HARRY S TRUMAN PKWY ANNAPOLIS MD 21401 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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										
2.8.	Priority creditor's name and mailing address ANNE ARUNDEL COUNTY MARYLAND OFFICE OF FINANCE PO BOX 427 ANNAPOLIS MD 21404 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.9.	Priority creditor's name and mailing address ASSESSOR OF VENTURA COUNTY DAN GOODWIN 800 S VICTORIA AVE VENTURA CA 93009 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.10.	Priority creditor's name and mailing address ASSESSORS OFFICE 41 SOUTH CENTRAL AVE ST LOUIS MO 63105-1777 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.11.	Priority creditor's name and mailing address AUBLEY, EMILY M 12145 WEXFORD CLUB DR ROSWELL GA 30075 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$170.04</td> </tr> </table>	Total claim	\$170.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$170.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$170.04	Nonpriority amount	\$0.00
Total claim										
\$170.04										
Priority amount										
\$170.04										
Nonpriority amount										
\$0.00										

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2.12.	Priority creditor's name and mailing address AZUMAH, CARMELITA 4409 N 88TH ST MILWAUKEE WI 53225 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$186.16</td></tr></table>	Total claim	\$186.16	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$186.16</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$186.16	Nonpriority amount	\$0.00
Total claim										
\$186.16										
Priority amount										
\$186.16										
Nonpriority amount										
\$0.00										
2.13.	Priority creditor's name and mailing address BABCOCK, SCARLETT A 8217 VILLA OAK DR CITRUS HEIGHTS CA 95610 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$163.68</td></tr></table>	Total claim	\$163.68	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$163.68</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$163.68	Nonpriority amount	\$0.00
Total claim										
\$163.68										
Priority amount										
\$163.68										
Nonpriority amount										
\$0.00										
2.14.	Priority creditor's name and mailing address BALTIMORE COUNTY MARYLAND 6401 YORK RD 3RD FLOOR BALTIMORE MD 21212 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										

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2.15.	Priority creditor's name and mailing address BEARDEN, KENDALL M 123 CRYSTAL CIR NORMAN OK 73069 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$79.16</td></tr></table>	Total claim	\$79.16	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$79.16</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$79.16	Nonpriority amount	\$0.00
Total claim										
\$79.16										
Priority amount										
\$79.16										
Nonpriority amount										
\$0.00										
2.16.	Priority creditor's name and mailing address BEISCH, CHAD M 600 N PLEASANT HILL BLVD UNIT 105 PLEASANT HILL IA 50327 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$940.87</td></tr></table>	Total claim	\$940.87	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$940.87</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$940.87	Nonpriority amount	\$0.00
Total claim										
\$940.87										
Priority amount										
\$940.87										
Nonpriority amount										
\$0.00										
2.17.	Priority creditor's name and mailing address BENN, CARRIE 10495 NE 4TH ST APT 206 BELLEVUE WA 98004 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$775.31</td></tr></table>	Total claim	\$775.31	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$775.31</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$775.31	Nonpriority amount	\$0.00
Total claim										
\$775.31										
Priority amount										
\$775.31										
Nonpriority amount										
\$0.00										

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2.18.	Priority creditor's name and mailing address BERNALILLO COUNTY ASSESSOR 501 TIJERAS AVE NW ALBUQUERQUE NM 87102 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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										
2.19.	Priority creditor's name and mailing address BERNARDINO, ROBERT 5445 WEST RENO AVE APT B-906 LAS VEGAS NV 89118 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$118.49</td> </tr> </table>	Total claim	\$118.49	<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;">\$118.49</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$118.49	Nonpriority amount	\$0.00
Total claim										
\$118.49										
Priority amount										
\$118.49										
Nonpriority amount										
\$0.00										
2.20.	Priority creditor's name and mailing address BEXAR APPRAISAL DISTRICT 411 N FRIO ST SAN ANTONIO TX 78207 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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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2.21.	Priority creditor's name and mailing address BEXAR APPRAISAL DISTRICT VISTA VERDE PLAZA BUILDING 233 N PECOS LA TRINIDAD SAN ANTONIO TX 78207-3175 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.22.	Priority creditor's name and mailing address BLAND, MARGO CARLETA 1303 N MATHEWSON AVE WICHITA KS 67214 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,281.06</td> <td style="text-align: center;">\$1,281.06</td> </tr> </table>	Total claim	Priority amount	\$1,281.06	\$1,281.06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$1,281.06	\$1,281.06									
Nonpriority amount										
\$0.00										
2.23.	Priority creditor's name and mailing address BOBBITT, JAMES C 3707 HIGHGATE DR APT D DURHAM NC 27713 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,657.22</td> <td style="text-align: center;">\$1,657.22</td> </tr> </table>	Total claim	Priority amount	\$1,657.22	\$1,657.22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$1,657.22	\$1,657.22									
Nonpriority amount										
\$0.00										

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2.24.	Priority creditor's name and mailing address BRADEN, ANGELIC 903 9TH AVE #14 SEATTLE WA 98104 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$645.63</td> </tr> </table>	Total claim	\$645.63	<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;">\$645.63</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$645.63	Nonpriority amount	\$0.00
Total claim										
\$645.63										
Priority amount										
\$645.63										
Nonpriority amount										
\$0.00										
2.25.	Priority creditor's name and mailing address BROWN, SAMANTHA LEA 2241 NORTHWEST 52ND ST OKLAHOMA CITY OK 73112 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$252.69</td> </tr> </table>	Total claim	\$252.69	<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;">\$252.69</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$252.69	Nonpriority amount	\$0.00
Total claim										
\$252.69										
Priority amount										
\$252.69										
Nonpriority amount										
\$0.00										
2.26.	Priority creditor's name and mailing address BUCHANAN, BARBARA 20608 CHARLOTTE BLVD SOUTH MILLSBORO DE 19966 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,222.90</td> </tr> </table>	Total claim	\$5,222.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,222.90</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$5,222.90	Nonpriority amount	\$0.00
Total claim										
\$5,222.90										
Priority amount										
\$5,222.90										
Nonpriority amount										
\$0.00										

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2.27.	Priority creditor's name and mailing address BURGESS, LISA A 304 JOY DR O'FALLON IL 62269 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,345.57</td> </tr> </table>	Total claim	\$3,345.57	<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;">\$3,345.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,345.57	Nonpriority amount	\$0.00
Total claim										
\$3,345.57										
Priority amount										
\$3,345.57										
Nonpriority amount										
\$0.00										
2.28.	Priority creditor's name and mailing address BURNETT, MARK 9565 BLAKE LN APT 102 FAIRFAX VA 22031 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$231.48</td> </tr> </table>	Total claim	\$231.48	<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;">\$231.48</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$231.48	Nonpriority amount	\$0.00
Total claim										
\$231.48										
Priority amount										
\$231.48										
Nonpriority amount										
\$0.00										
2.29.	Priority creditor's name and mailing address BUTTRICK, JONATHAN ARTHUR 685 SOCIAL ST #108 WOONSOCKET RI 02895 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,338.93</td> </tr> </table>	Total claim	\$1,338.93	<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;">\$1,338.93</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,338.93	Nonpriority amount	\$0.00
Total claim										
\$1,338.93										
Priority amount										
\$1,338.93										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.30.	Priority creditor's name and mailing address BYRNE, SARAH 755 NORTH KENILWORTH AVE ELMHURST IL 60126 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$147.00</td> </tr> </table>	Total claim	\$147.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$147.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$147.00	Nonpriority amount	\$0.00
Total claim										
\$147.00										
Priority amount										
\$147.00										
Nonpriority amount										
\$0.00										
2.31.	Priority creditor's name and mailing address CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION P.O. BOX 942879 SACRAMENTO CA 94279 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$6,618.45</td> </tr> </table>	Total claim	\$6,618.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$6,618.45										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.32.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS BAKERSFIELD DIRECTOR 7718 MEANY AVE BAKERSFIELD CA 93308 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

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2.33.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS EL CENTRO DIRECTOR 1550 W MAIN ST EL CENTRO CA 92243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.34.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS FRESNO DIRECTOR 770 E SHAW AVE STE 222 FRESNO CA 93710	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.35.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS LONG BEACH DIRECTOR 300 OCEANGATE STE 302 LONG BEACH CA 90802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

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2.36.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS LOS ANGELES DIRECTOR 320 W FOURTH ST LOS ANGELES CA 90013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.37.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS OAKLAND DIRECTOR 1515 CLAY ST ROOM 401 OAKLAND CA 94612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.38.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS REDDING DIRECTOR 250 HEMSTEAD DR 2ND FL STE A REDDING CA 96002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

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2.39.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SACRAMENTO DIRECTOR 2031 HOWE AVE STE 100 SACRAMENTO CA 95825 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.40.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SALINAS DIRECTOR 1870 N MAIN ST STE 150 SALINAS CA 93906 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.41.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SAN BERNARDINO DIRECTOR 464 W FOURTH ST ROOM 348 SAN BERNADINO CA 92401 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.42.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SAN DIEGO DIRECTOR 7575 METROPOLITAN DR ROOM 210 SAN DIEGO CA 92108 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.43.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SAN FRANCISCO DIRECTOR 455 GOLDEN GATE AVE 10TH FL SAN FRANCISCO CA 94102 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.44.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SAN JOSE DIRECTOR 100 PARSEO DE SAN ANTONIO ROOM 120 SAN JOSE CA 95113 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

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2.45.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SANTA ANA DIRECTOR 605 WEST SANTA ANA BLVD BLDG 28 ROOM 625 SANTA ANA CA 92701 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										
2.46.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SANTA BARBARA DIRECTOR 411 E CANON PERDIDO ROOM 3 SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										
2.47.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS SANTA ROSA DIRECTOR 50 'D' ST STE 360 SANTA ROSA CA 95404 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										

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2.48.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS STOCKTON DIRECTOR 31 E CHANNEL ST ROOM 317 STOCKTON CA 95202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.49.	Priority creditor's name and mailing address CALIFORNIA DEPT OF INDUSTRIAL RELATIONS VAN NUYS DIRECTOR 6150 VAN NUYS BLVD ROOM 206 VAN NUYS CA 91401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.50.	Priority creditor's name and mailing address CALIFORNIA FRANCHISE TAX BOARD BANKRUPTCY BE MS A345 PO BOX 2952 SACRAMENTO CA 95812-2952	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

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2.51.	Priority creditor's name and mailing address CALIFORNIA STATE BOARD OF EQUALIZATION SBOE SPECIAL OPERATIONS BANKRUPTCY TEAM MIC 74 PO BOX 942879 SACRAMENTO CA 94279-0074 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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										
2.52.	Priority creditor's name and mailing address CALIFORNIA STATE CONTROLLERS OFFICE UNCLAIMED PROPERTY DIVISION 10600 WHITE ROCK RD STE 141 RANCHO CORDOVA CA 95670 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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										
2.53.	Priority creditor's name and mailing address CANDELA, MELANIE E 1407 WINGATE WAY ATLANTA GA 30350 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$336.35</td> </tr> </table>	Total claim	\$336.35	<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;">\$336.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$336.35	Nonpriority amount	\$0.00
Total claim										
\$336.35										
Priority amount										
\$336.35										
Nonpriority amount										
\$0.00										

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2.54.	Priority creditor's name and mailing address CANNATA, BENJAMIN 1736 BOULDER ST APT 412 DENVER CO 80211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$431.80	Priority amount \$431.80
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.55.	Priority creditor's name and mailing address CASTON, JOHN 12996 ROUGK LN WALKER LA 70785	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,404.92	Priority amount \$1,404.92
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56.	Priority creditor's name and mailing address CATIPON, ANNE KATRINA B 628 B DESOTA DR BRIDGEWATER NJ 08807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$97.28	Priority amount \$97.28
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.57.	Priority creditor's name and mailing address CAZINHA, BRIELLE 20926 126TH AVE SE KENT WA 98031 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$296.34</td> </tr> </table>	Total claim	\$296.34	<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;">\$296.34</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$296.34	Nonpriority amount	\$0.00
Total claim										
\$296.34										
Priority amount										
\$296.34										
Nonpriority amount										
\$0.00										
2.58.	Priority creditor's name and mailing address CHACO, LEILANI M 1346 EAST DESERT INN RD LAS VEGAS NV 89169 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$14.74</td> </tr> </table>	Total claim	\$14.74	<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;">\$14.74</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$14.74	Nonpriority amount	\$0.00
Total claim										
\$14.74										
Priority amount										
\$14.74										
Nonpriority amount										
\$0.00										
2.59.	Priority creditor's name and mailing address CHEN, STEPHEN F 4315 ROUNDTREE LN MISSOURI CITY TX 77459 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$240.52</td> </tr> </table>	Total claim	\$240.52	<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;">\$240.52</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$240.52	Nonpriority amount	\$0.00
Total claim										
\$240.52										
Priority amount										
\$240.52										
Nonpriority amount										
\$0.00										

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2.60.	Priority creditor's name and mailing address CHENEVERT, JEFFERY B 12496 WINTER RIDGE DR WALKER LA 70785 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$544.78</td> </tr> </table>	Total claim	\$544.78	<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;">\$544.78</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$544.78	Nonpriority amount	\$0.00
Total claim										
\$544.78										
Priority amount										
\$544.78										
Nonpriority amount										
\$0.00										
2.61.	Priority creditor's name and mailing address CHIERO, ALEXIS 4301 TARA AVE APT 7 LAS VEGAS NV 89102 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$194.82</td> </tr> </table>	Total claim	\$194.82	<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;">\$194.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$194.82	Nonpriority amount	\$0.00
Total claim										
\$194.82										
Priority amount										
\$194.82										
Nonpriority amount										
\$0.00										
2.62.	Priority creditor's name and mailing address CIAFREI, REBECCA LYN 427 SENECA ST APT 2 BETHLEHEM PA 18015 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$112.42</td> </tr> </table>	Total claim	\$112.42	<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;">\$112.42</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$112.42	Nonpriority amount	\$0.00
Total claim										
\$112.42										
Priority amount										
\$112.42										
Nonpriority amount										
\$0.00										

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2.63.	Priority creditor's name and mailing address CITY AND COUNTY OF DENVER 201 W COLFAX AVE DEPT 206 DENVER CO 80202 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.64.	Priority creditor's name and mailing address CITY AND COUNTY OF SAN FRANCISCO 1660 MISSION ST 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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.65.	Priority creditor's name and mailing address CITY AND COUNTY OF SAN FRANCISCO DEPT OF BUILDING INSPECTION 1660 MISSION ST 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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.66.	Priority creditor's name and mailing address CITY AND COUNTY OF SAN FRANCISCO DEPT OF PUBLIC HEALTH 1390 MARKET ST STE 210 SAN FRANCISCO CA 94102 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.67.	Priority creditor's name and mailing address CITY CLERKS OFFICE NORMAN OK PO BOX 370 NORMAN OK 73070 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.68.	Priority creditor's name and mailing address CITY OF ALBUQUERQUE BUSINESS PO BOX 1293 ALBUQUERQUE NM 87102 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.69.	Priority creditor's name and mailing address CITY OF ALBUQUERQUE ENVIRONMENTAL HEALTH DEPT ONE CIVIC PLZ ROOM 3023 ALBUQUERQUE NM 87102 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.70.	Priority creditor's name and mailing address CITY OF ALPHARETTA BUSINESS LICENSES AND CODES ENFORCEMENT 2 PARK PLZ ALPHARETTA GA 30009 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.71.	Priority creditor's name and mailing address CITY OF BATON ROUGE FINANCE DEPT REVENUE DIVISION PO BOX 2590 BATON ROUGE LA 70821 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

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2.72.	Priority creditor's name and mailing address CITY OF BELLEVUE TAX DIVISION PO BOX 90012 BELLEVUE WA 98009 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.73.	Priority creditor's name and mailing address CITY OF CHICAGO DEPT OF FINANCE PO BOX 71429 CHICAGO IL 60694 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.74.	Priority creditor's name and mailing address CITY OF DES MOINES IOWA PO BOX 1633 DES MOINES IA 50305-1633 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.75.	Priority creditor's name and mailing address CITY OF DES PERES 12325 MANCHESTER RD DES PERES MO 63131 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.76.	Priority creditor's name and mailing address CITY OF DUNWOODY 4800 ASHFORD DUNWOODY RD DUNWOODY GA 30338 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.77.	Priority creditor's name and mailing address CITY OF DURHAM FIRE DEPT PO BOX 935667 ATLANTA GA 31193-5667 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.78.	Priority creditor's name and mailing address CITY OF FRISCO 6101 FRISCO SQUARE BLVD FRISCO TX 75034 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.79.	Priority creditor's name and mailing address CITY OF GLENDALE PO BOX 29099 GLENDALE CA 91209-9099 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.80.	Priority creditor's name and mailing address CITY OF LA BUSINESS TAX OFFICE OF FINANCE PO BOX 513996 LOS ANGELES CA 90051 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.81.	Priority creditor's name and mailing address CITY OF LANCASTER 120 N DUKE ST LANCASTER PA 17602 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.82.	Priority creditor's name and mailing address CITY OF LAWTON COMMUNITY SVC DEPT LICENSE AND PERMIT CENTER 2201 NW FORT SILL BLVD LAWTON OK 73501 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.83.	Priority creditor's name and mailing address CITY OF LONE TREE PO BOX 17987 DENVER CO 80217 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

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2.84.	Priority creditor's name and mailing address CITY OF LOS ANGELES TAX AND PERMIT DIVISION 6262 VAN NUYS BLVD #110 VAN NUYS CA 91401 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.85.	Priority creditor's name and mailing address CITY OF LYNNWOOD BUSINESS LICENSING PO BOX 5008 LYNNWOOD WA 98046 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.86.	Priority creditor's name and mailing address CITY OF MINNETONKA COMMUNITY DEVELOPMENT LICENSING 14600 MINNETONKA BLVD MINNETONKA MN 55345 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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

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

2.89.	Priority creditor's name and mailing address CITY OF OVERLAND PARK COMMUNITY SVC DIVISION 8500 ANTIOCH RD OVERLAND PARK KS 66212	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.90.	Priority creditor's name and mailing address CITY OF PALM SPRINGS 3200 ETAHQUITZ CANYON WAY PALM SPRINGS CA 92262 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.91.	Priority creditor's name and mailing address CITY OF ROSEVILLE 8839 N CEDAR AVE #212 FRESNO CA 93720 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.92.	Priority creditor's name and mailing address CITY OF ROSEVILLE UTILITIES PO BOX 619136 ROSEVILLE CA 95661 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.93.	Priority creditor's name and mailing address CITY OF SACRAMENTO ROOM 1214 CITY HALL 915 I ST SACRAMENTO CA 95814	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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

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2.96.	Priority creditor's name and mailing address CITY OF SEATTLE PO BOX 35178 SEATTLE WA 98124-5178 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.97.	Priority creditor's name and mailing address CITY OF SOUTH PORTLAND OFFICE OF THE CITY CLERK 25 COTTAGE RD SOUTH PORTLAND ME 04106 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.98.	Priority creditor's name and mailing address CITY OF SPRINGFIELD DEPT OF FINANCE LICENSE DIVISION 840 NORTH BOONSVILLE AVE SPRINGFIELD MO 65802 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.99.	Priority creditor's name and mailing address CITY OF SPRINGFIELD HEALTH DEPT SPRINGFIELD GREEN COUNTY BUSINESS OFFICE 227 E CHESTNUT EXPY SPRINGFIELD MO 65802 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.100.	Priority creditor's name and mailing address CITY OF ST MATTHEWS PO BOX 7097 LOUISVILLE KY 40257-0097 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.101.	Priority creditor's name and mailing address CITY OF SUGAR LAND PO BOX 5029 SUGAR LAND TX 77487 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.102.	Priority creditor's name and mailing address CITY OF TACOMA P O BOX 11010 TACOMA WA 98411-1010 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.103.	Priority creditor's name and mailing address CITY OF TACOMA FINANCE DEPT TAX AND LICENSE DIVISION PO BOX 11640 TACOMA WA 98411 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.104.	Priority creditor's name and mailing address CITY OF THOUSAND OAKS BUSINESS TAX DEPT 2100 E THOUSAND OAKS BLVD THOUSAND OAKS CA 91362 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

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2.105.	Priority creditor's name and mailing address CITY OF TIGARD 13125 SW HALL BLVD TIGARD OR 97223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.106.	Priority creditor's name and mailing address CITY OF TUKWILA 6200 SOUTHCENTER BLVD TUKWILA WA 98188	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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2.108.	Priority creditor's name and mailing address CITY OF WAUWATOSA SHANNON KRAUSE CITY ASSESSOR 7725 W NORTH AVE WAUWATOSA WI 53213 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.109.	Priority creditor's name and mailing address CITY OF WICHITA CITY LICENSE 1ST FLOOR 455 N MAIN ST WICHITA KS 67202 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.110.	Priority creditor's name and mailing address CLARK COUNTY BUSINESS LICENSE 500 S GRAND CENTRAL PKWY PO BOX 551810 LAS VEGAS NV 89155-1810 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.111.	Priority creditor's name and mailing address CLARK, ANDREA 13145 LARCHDALE RD APT 7 LAUREL MD 20708	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,579.39	Priority amount \$1,579.39
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.112.	Priority creditor's name and mailing address CLEAR CREEK ISD TAX OFFICE PO BOX 799 LEAGUE CITY TX 77574	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.113.	Priority creditor's name and mailing address CLEVELAND COUNTY ASSESSOR 201 S JONES AVE # 120 NORMAN OK 73069	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.114.	Priority creditor's name and mailing address CLEVELAND COUNTY TREASURER JIM REYNOLDS 201 SOUTH JONES STE 100 NORMAN OK 73069	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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

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2.117.	Priority creditor's name and mailing address COLORADO DEPARTMENT OF REVENUE P.O. BOX 17087 DENVER CO 80217 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$16,237.69	Priority amount UNDETERMINED <div style="background-color: #f2f2f2; padding: 2px;">Nonpriority amount</div> UNDETERMINED
2.118.	Priority creditor's name and mailing address COLORADO DEPT OF AGRICULTURE 3125 WYANDOT ST DENVER CO 80211 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED <div style="background-color: #f2f2f2; padding: 2px;">Nonpriority amount</div> UNDETERMINED
2.119.	Priority creditor's name and mailing address COLORADO DEPT OF REVENUE STATE OF COLORADO DEPARTMENT OF REVENUE COLORADO CO 80261 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED <div style="background-color: #f2f2f2; padding: 2px;">Nonpriority amount</div> UNDETERMINED

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

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

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

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2.123.	Priority creditor's name and mailing address COMMONWEALTH OF MASSACHUSETTS DEPT OF REVENUE PO BOX 7010 BOSTON MA 02204 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.124.	Priority creditor's name and mailing address COMMONWEALTH OF PA 2301 N CAMERON ST HARRISBURG PA 17110 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.125.	Priority creditor's name and mailing address COMPTROLLER OF MARYLAND P.O. BOX 466 ANNAPOLIS MD 21404 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$18,878.85</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	\$18,878.85	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									
\$18,878.85	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

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2.126.	Priority creditor's name and mailing address COMPTROLLER OF MARYLAND REVENUE REVENUE ADMINISTRATION CENTER 80 CALVERT ST ANNAPOLIS MD 21404 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										
2.127.	Priority creditor's name and mailing address COOPER II, BRUCE JOSEPH 1011 NEW HOPE ST APT 21C NORRISTOWN PA 19401 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$575.25</td></tr></table>	Total claim	\$575.25	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$575.25</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$575.25	Nonpriority amount	\$0.00
Total claim										
\$575.25										
Priority amount										
\$575.25										
Nonpriority amount										
\$0.00										
2.128.	Priority creditor's name and mailing address COUNTY CLERK LYNN MARIE GOYA BOX 551604 LAS VEGAS NV 89155-1604 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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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UNDETERMINED										

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2.129.	Priority creditor's name and mailing address COUNTY OF FAIRFAX DEPT OF TAX ADMIN PO BOX 10203 FAIRFAX VA 22035 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.130.	Priority creditor's name and mailing address COUNTY OF FAIRFAX DEPT OF TAX ADMIN DEPT OF TAX ADMINISTRATION PO BOX 10201 FAIRFAX VA 22035 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.131.	Priority creditor's name and mailing address COUNTY OF LOS ANGELES KENNETH HAHN HALL OF ADMINISTRATION HEADQUARTERS 500 W TEMPLE ST RM 225 LOS ANGELES CA 90012-2770 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.132.	Priority creditor's name and mailing address COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR EAST DISTRICT OFFICE 1190 DURFEE AVE SOUTH EL MONTE CA 91733 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.133.	Priority creditor's name and mailing address COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR LANCASTER REGIONAL OFFICE 251 E AVE K6 LANCASTER CA 93535 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.134.	Priority creditor's name and mailing address COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR NORTH DISTRICT OFFICE 13800 BALBOA BLVD SYLMAR CA 91342 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.135.	Priority creditor's name and mailing address COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR SOUTH DISTRICT OFFICE 1401 E WILLOW ST SIGNAL HILL CA 90755 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.136.	Priority creditor's name and mailing address COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR VAN NUYS 14340 SYLVAN ST VAN NUYS CA 91401 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.137.	Priority creditor's name and mailing address COUNTY OF LOS ANGELES OFFICE OF THE ASSESSOR WEST DISTRICT OFFICE 6120 BRISTOL PKWY CULVER CITY CA 90230 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.138.	Priority creditor's name and mailing address COUNTY OF LOS ANGELES PUBLIC HEALTH DEPT OF PUBLIC HEALTH PO BOX 54978 LOS ANGELES CA 90054 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.139.	Priority creditor's name and mailing address COUNTY OF ORANGE PO BOX 4005 SANTA ANA CA 92702 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.140.	Priority creditor's name and mailing address COUNTY OF PLACER DEPT OF WEIGHTS AND MEASURE 11477 E AVE 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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.141.	Priority creditor's name and mailing address COUNTY OF RIVERSIDE DEPT OF ENVIRONMENTAL HEALTH PO BOX 7909 RIVERSIDE CA 92513-7909 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.142.	Priority creditor's name and mailing address COUNTY OF RIVERSIDE ASSESSOR COUNTY CLERK RECORDER PO BOX 751 RIVERSIDE CA 92502-0751 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.143.	Priority creditor's name and mailing address COUNTY OF SACRAMENTO ENVIRONMENTAL MANAGEMENT DEPT 10590 ARMSTRONG AVE STE#C MATHER CA 95655 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.144.	Priority creditor's name and mailing address COUNTY OF SACRAMENTO WEIGHTS AND MEASURE 4137 BRANCH CTR RD SACRAMENTO CA 95827-3823	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.147.	Priority creditor's name and mailing address COUNTY OF SANTA CLARA PROPERTY TAX 70 WEST HEDDING ST EAST WING 6TH FLOOR SAN JOSE CA 95110 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.148.	Priority creditor's name and mailing address COUNTY OF VENTURA TAX COLLECTOR PO BOX 845642 LOS ANGELES CA 90084-5642 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.149.	Priority creditor's name and mailing address CRUZ, CHRISTOPHER R 6903 BORDER BROOK APT 905 SAN ANTONIO TX 78238 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$435.40	Priority amount \$435.40 Nonpriority amount \$0.00

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2.150.	Priority creditor's name and mailing address CULP, SHERI LYNN 2510 42ND AVE E #448 SEATTLE WA 98112 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$959.44</td></tr></table>	Total claim	\$959.44	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$959.44</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$959.44	Nonpriority amount	\$0.00
Total claim										
\$959.44										
Priority amount										
\$959.44										
Nonpriority amount										
\$0.00										
2.151.	Priority creditor's name and mailing address CUYAHOGA COUNTY BOARD OF HEALTH 5550 VENTURE DR PARMA OH 44130 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.152.	Priority creditor's name and mailing address DALY, MICHAEL M 3333 GRAND AVE #51 DES MOINES IA 50312 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$496.06</td></tr></table>	Total claim	\$496.06	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$496.06</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$496.06	Nonpriority amount	\$0.00
Total claim										
\$496.06										
Priority amount										
\$496.06										
Nonpriority amount										
\$0.00										

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2.153.	Priority creditor's name and mailing address DAUGHERTY, SARAH 500 SOUTH MAIN ST DUPO IL 62239	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$141.90	Priority amount \$141.90
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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

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

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

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

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2.159.	Priority creditor's name and mailing address DELGADO, MELISSA 4214 MISTY SPRINGS DR SAN ANTONIO TX 78244 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$343.04</td> </tr> </table>	Total claim	\$343.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$343.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$343.04	Nonpriority amount	\$0.00
Total claim										
\$343.04										
Priority amount										
\$343.04										
Nonpriority amount										
\$0.00										
2.160.	Priority creditor's name and mailing address DELINE, DEBRA 155 MOUNTAINSIDE DR POMPTON LAKES NJ 07442 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$4,636.80</td> </tr> </table>	Total claim	\$4,636.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$4,636.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$4,636.80	Nonpriority amount	\$0.00
Total claim										
\$4,636.80										
Priority amount										
\$4,636.80										
Nonpriority amount										
\$0.00										
2.161.	Priority creditor's name and mailing address DENNIS SEMLER TULSA COUNTY TREASURER PO BOX 21017 TULSA OK 74121 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

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2.162.	Priority creditor's name and mailing address DEPT OF AGRICULTURE BUREAU OF FOOD SAFETY SVC 2301 N CAMERON ST HARRISBURG PA 17110 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.163.	Priority creditor's name and mailing address DEPT OF AGRICULTURE WEIGHTS AND MEASURES PO BOX 844477 LOS ANGELES CA 90084 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.164.	Priority creditor's name and mailing address DEPT OF FINANCE DIVISION OF TREASURY 255 ROCKVILLE PIKE L 15 ROCKVILLE MD 20850 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.165.	Priority creditor's name and mailing address DEPT OF LABOR AND INDUSTRIES PO BOX 24106 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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.166.	Priority creditor's name and mailing address DEPT OF PUBLIC WORKS BUREAU OF STREET USE AND MAPPING 1155 MARKET ST 3RD FL 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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.167.	Priority creditor's name and mailing address DEPT OF STATE BUSINESS SVC DIVISION 148 W RIVER ST PROVIDENCE RI 02904-2615 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.168.	Priority creditor's name and mailing address DEPT OF WEIGHTS AND MEASURES 800 S VICTORIA #1750 VENTURA CA 93009	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.169.	Priority creditor's name and mailing address DI VITALE, BRENDA L 24076 WHITEWATER DR SANTA CLARITA CA 91354	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$759.97	Priority amount \$759.97
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.170.	Priority creditor's name and mailing address D'IMPERIO, ANTHONY 24 STONEGATE CT APT A FAIRFIELD OH 45014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$498.96	Priority amount \$498.96
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.171.	Priority creditor's name and mailing address DIRECTOR OF FINANCE 8930 STANFORD BLVD COLUMBIA MD 21045 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.172.	Priority creditor's name and mailing address DOUGLAS COUNTY COLORADO PO BOX 1208 100 THIRD ST STE 120 CASTLE ROCK CO 80104 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.173.	Priority creditor's name and mailing address DOUGLAS COUNTY TREASURER CO PO BOX 1208 CASTLE ROCK CO 80104 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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

2.175.	Priority creditor's name and mailing address DRAHEM, TYLER Z 1734 PECAN CROSSING DR RICHMOND TX 77406	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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>\$415.87</td> <td>\$415.87</td> </tr> </table>	Total claim	Priority amount	\$415.87	\$415.87	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$415.87	\$415.87									
Nonpriority amount										
\$0.00										
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

2.176.	Priority creditor's name and mailing address DRISCOLL, SYDNEY 524 OTTO PL PARAMUS NJ 07652	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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>\$94.13</td> <td>\$94.13</td> </tr> </table>	Total claim	Priority amount	\$94.13	\$94.13	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$94.13	\$94.13									
Nonpriority amount										
\$0.00										
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

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2.177.	Priority creditor's name and mailing address DUCLOS, MATTHEW D 65 GIBSON PL GLEN ROCK NJ 07452 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$196.35</td> </tr> </table>	Total claim	\$196.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$196.35</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$196.35	Nonpriority amount	\$0.00
Total claim										
\$196.35										
Priority amount										
\$196.35										
Nonpriority amount										
\$0.00										
2.178.	Priority creditor's name and mailing address DUNKELBERGER, WARREN 15191 NEWTONIA ST WINTER GARDEN FL 34787 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,998.08</td> </tr> </table>	Total claim	\$3,998.08	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$3,998.08</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$3,998.08	Nonpriority amount	\$0.00
Total claim										
\$3,998.08										
Priority amount										
\$3,998.08										
Nonpriority amount										
\$0.00										
2.179.	Priority creditor's name and mailing address DUNKLE, CHRISTINA 448 GREENLEAF ST BOISE ID 83713 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$200.21</td> </tr> </table>	Total claim	\$200.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$200.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$200.21	Nonpriority amount	\$0.00
Total claim										
\$200.21										
Priority amount										
\$200.21										
Nonpriority amount										
\$0.00										

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2.180.	Priority creditor's name and mailing address DUPAGE COUNTY HEALTH DEPT 111 NORTH COUNTY FARM RD WHEATON IL 60187 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										
2.181.	Priority creditor's name and mailing address DURDEN, CONSUELLA 620 CARPENTER DR LAS VEGAS NV 89107 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$74.88</td></tr></table>	Total claim	\$74.88	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$74.88</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$74.88	Nonpriority amount	\$0.00
Total claim										
\$74.88										
Priority amount										
\$74.88										
Nonpriority amount										
\$0.00										
2.182.	Priority creditor's name and mailing address EAST BATON ROUGE PARISH ASSESSOR BRIAN WILSON 222 ST LOUIS ST RM 126 BATON ROUGE LA 70802 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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 **Meetha Ventures LLC**Case number (if known) **19-11815**

2.183.	Priority creditor's name and mailing address EDGAR, NALANI DANIELLE ANN 25399 THE OLD RD APT 12-208 STEVENSON RANCH CA 91381	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$665.70	Priority amount \$665.70
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.184.	Priority creditor's name and mailing address EMPLOYMENT SECURITY DIVISION 500 EAST THIRD ST CARSON CITY NV 89713-0030	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
				Nonpriority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.185.	Priority creditor's name and mailing address ENTRIEN, CAITLYN 1310 EAST NORTH ST APT 11 SALINA KS 67401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$136.70	Priority amount \$136.70
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.186.	Priority creditor's name and mailing address ERBY, CARLA 5244 NORTH LOVERS LN RD MILWAUKEE WI 53225 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$68.75</td></tr></table>	Total claim	\$68.75	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$68.75</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$68.75	Nonpriority amount	\$0.00
Total claim										
\$68.75										
Priority amount										
\$68.75										
Nonpriority amount										
\$0.00										
2.187.	Priority creditor's name and mailing address ESCALANTE, FRANCISCO 3300 FALCON LANDING BLVD # 9101 KATY TX 77494 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$5,153.08</td></tr></table>	Total claim	\$5,153.08	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$5,153.08</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$5,153.08	Nonpriority amount	\$0.00
Total claim										
\$5,153.08										
Priority amount										
\$5,153.08										
Nonpriority amount										
\$0.00										
2.188.	Priority creditor's name and mailing address ESTEP, NYCOLE T 1628 SW CLAY ST TOPEKA KS 66604 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$68.40</td></tr></table>	Total claim	\$68.40	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$68.40</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$68.40	Nonpriority amount	\$0.00
Total claim										
\$68.40										
Priority amount										
\$68.40										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.189.	Priority creditor's name and mailing address FAIRCLOTH, WESLEY D 9702 QUAKER CT ROSHARON TX 77583 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,118.43</td> </tr> </table>	Total claim	\$1,118.43	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,118.43</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,118.43	Nonpriority amount	\$0.00
Total claim										
\$1,118.43										
Priority amount										
\$1,118.43										
Nonpriority amount										
\$0.00										
2.190.	Priority creditor's name and mailing address FAIRFAX COUNTY DEPT OF TAX ADMINISTRATION FAIRFAX COUNTY GOVERNMENT CENTER 12000 GOVERNMENT CTR PKWY FAIRFAX VA 22035 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.191.	Priority creditor's name and mailing address FARMER, JORDAN CHRISTIAN ELLIS 5306 SOUTH BROADWAY CIR UNIT 4-107 ENGLEWOOD CO 80113 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$229.96</td> </tr> </table>	Total claim	\$229.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$229.96</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$229.96	Nonpriority amount	\$0.00
Total claim										
\$229.96										
Priority amount										
\$229.96										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.192.	Priority creditor's name and mailing address FAVELA, IVAN 2637 WHISPER RIDGE ST LAS VEGAS NV 89156 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$295.80</td> </tr> </table>	Total claim	\$295.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$295.80</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$295.80	Nonpriority amount	\$0.00
Total claim										
\$295.80										
Priority amount										
\$295.80										
Nonpriority amount										
\$0.00										
2.193.	Priority creditor's name and mailing address FELDMAN, SUSAN R 3024 ALDEN CT BENSALEM PA 19020 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,917.51</td> </tr> </table>	Total claim	\$2,917.51	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,917.51</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,917.51	Nonpriority amount	\$0.00
Total claim										
\$2,917.51										
Priority amount										
\$2,917.51										
Nonpriority amount										
\$0.00										
2.194.	Priority creditor's name and mailing address FLORES, JUANITA M 13008 CHICO RD NE ALBUQUERQUE NM 87123 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$359.36</td> </tr> </table>	Total claim	\$359.36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$359.36</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$359.36	Nonpriority amount	\$0.00
Total claim										
\$359.36										
Priority amount										
\$359.36										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.195.	Priority creditor's name and mailing address FORT BEND COUNTY TAX ASSESSOR COLLECTOR 1317 EUGENE HEIMANN CIR RICHMOND TX 77469 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.196.	Priority creditor's name and mailing address FORUSALL 350 TOWNSEND ST STE 422A SAN FRANCISCO CA 94107 94107 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) (5)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNFUNDED 401(K) LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$188,304.61</td> </tr> </table>	Total claim	\$188,304.61	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$188,304.61</td> </tr> </table> <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>	Priority amount	\$188,304.61	Nonpriority amount	UNDETERMINED
Total claim										
\$188,304.61										
Priority amount										
\$188,304.61										
Nonpriority amount										
UNDETERMINED										
2.197.	Priority creditor's name and mailing address FOWLER, SAMUEL D 11020 SE KENT-KANGLEY RD KENT WA 98030 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$89.00</td> </tr> </table>	Total claim	\$89.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$89.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$89.00	Nonpriority amount	\$0.00
Total claim										
\$89.00										
Priority amount										
\$89.00										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.198.	Priority creditor's name and mailing address FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">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: #cccccc;">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: #cccccc;">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										
2.199.	Priority creditor's name and mailing address GALDO, MELISSA L 18463 BLUEBERRY LN APT U-304 MONROE WA 98272 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$467.45</td> </tr> </table>	Total claim	\$467.45	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$467.45</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$467.45	Nonpriority amount	\$0.00
Total claim										
\$467.45										
Priority amount										
\$467.45										
Nonpriority amount										
\$0.00										
2.200.	Priority creditor's name and mailing address GANDY, LUIS E 330 N ALESSANDRO ST BANNING CA 92220 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$34.60</td> </tr> </table>	Total claim	\$34.60	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$34.60</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$34.60	Nonpriority amount	\$0.00
Total claim										
\$34.60										
Priority amount										
\$34.60										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**2.201. **Priority creditor's name and mailing address**GARFIELD COUNTY ASSESSOR
114 W BROADWAY AVE # 106
ENID OK 73701**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

2.202. **Priority creditor's name and mailing address**GARFIELD COUNTY TREASURER
PO BOX 489
ENID OK 73702**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

2.203. **Priority creditor's name and mailing address**GENTRY, TYLER W
208 CHALMETTE DR #4
NORMAN OK 73071**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) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

PAID TIME OFF

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

\$502.58

Priority amount

\$502.58

Nonpriority amount

\$0.00

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.204.	Priority creditor's name and mailing address GEORGIA DEPARTMENT OF REVENUE PO BOX 105408 ATLANTA GA 30348	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$8,869.57	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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

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2.207.	Priority creditor's name and mailing address GEORGIA DEPT OF REVENUE UNCLAIMED PROPERTY PROGRAM 4245 INTERNATIONAL PK STE A HAPEVILLE GA 30354 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.208.	Priority creditor's name and mailing address GEORGIA DEPT OF REVENUE NE 1800 CENTURY CENTER BLVD ATLANTA GA 30345 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.209.	Priority creditor's name and mailing address GODDARD, ZARABETH R 1309 SEABRIGHT DR ANNAPOLIS MD 21409 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$269.40	Priority amount \$269.40 Nonpriority amount \$0.00

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2.210.	Priority creditor's name and mailing address GOMEZ, GEORGE 16338 ROCKCREEK LN HOUSTON TX 77049 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,133.28</td> </tr> </table>	Total claim	\$1,133.28	<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;">\$1,133.28</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,133.28	Nonpriority amount	\$0.00
Total claim										
\$1,133.28										
Priority amount										
\$1,133.28										
Nonpriority amount										
\$0.00										
2.211.	Priority creditor's name and mailing address GOMEZ, JORDAN C 2845 COMPTON RD AURORA IL 60504 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$397.85</td> </tr> </table>	Total claim	\$397.85	<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;">\$397.85</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$397.85	Nonpriority amount	\$0.00
Total claim										
\$397.85										
Priority amount										
\$397.85										
Nonpriority amount										
\$0.00										
2.212.	Priority creditor's name and mailing address GONZALEZ, AMBER I 2086 ROUNDTOP CT NORTH LAS VEGAS NV 89081 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$383.58</td> </tr> </table>	Total claim	\$383.58	<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;">\$383.58</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$383.58	Nonpriority amount	\$0.00
Total claim										
\$383.58										
Priority amount										
\$383.58										
Nonpriority amount										
\$0.00										

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2.213.	Priority creditor's name and mailing address GRAINGER, SARAH JOANNA 413 HIGHWOOD DR LOUISVILLE KY 40206 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$361.31</td> </tr> </table>	Total claim	\$361.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$361.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$361.31	Nonpriority amount	\$0.00
Total claim										
\$361.31										
Priority amount										
\$361.31										
Nonpriority amount										
\$0.00										
2.214.	Priority creditor's name and mailing address GROSS, DEVEN 4896 TRENT DR SAN JOSE CA 95124 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$304.95</td> </tr> </table>	Total claim	\$304.95	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$304.95</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$304.95	Nonpriority amount	\$0.00
Total claim										
\$304.95										
Priority amount										
\$304.95										
Nonpriority amount										
\$0.00										
2.215.	Priority creditor's name and mailing address GWALTNEY, CAROLYN W 8 KELLOM CT DURHAM NC 27713 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$514.50</td> </tr> </table>	Total claim	\$514.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$514.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$514.50	Nonpriority amount	\$0.00
Total claim										
\$514.50										
Priority amount										
\$514.50										
Nonpriority amount										
\$0.00										

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

2.217.	Priority creditor's name and mailing address HARRIS COUNTY APPRAISAL DISTRICT 13013 NORTHWEST FWY HOUSTON TX 77040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.218.	Priority creditor's name and mailing address HARRIS COUNTY APPRAISAL DISTRICT 1001 PRESTON ST HOUSTON TX 77002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.219.	Priority creditor's name and mailing address HARRIS COUNTY APPRAISAL DISTRICT PO BOX 922004 HOUSTON TX 77292 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										
2.220.	Priority creditor's name and mailing address HART, CLAUDIA GENE 343 GATEWATER CT #202 GLEN BURNIE MD 21060 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$3,753.63</td></tr></table>	Total claim	\$3,753.63	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$3,753.63</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$3,753.63	Nonpriority amount	\$0.00
Total claim										
\$3,753.63										
Priority amount										
\$3,753.63										
Nonpriority amount										
\$0.00										
2.221.	Priority creditor's name and mailing address HAVILAND, CASEY R 507 S PRINCETON AVE VILLA PARK IL 60181 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,157.31</td></tr></table>	Total claim	\$1,157.31	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,157.31</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,157.31	Nonpriority amount	\$0.00
Total claim										
\$1,157.31										
Priority amount										
\$1,157.31										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.222. Priority creditor's name and mailing address**HAYES, AUTUMN M
21 E SUMMIT ST
SOMERVILLE NJ 08876**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Total claim

\$147.84

Priority amount

\$147.84

Nonpriority amount

\$0.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

PAID TIME OFF

Last 4 digits of account number:**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)**2.223. Priority creditor's name and mailing address**HECKER, MICHAEL J
6730 S GLENCOE ST
CENTENNIAL CO 80122**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Total claim

\$192.96

Priority amount

\$192.96

Nonpriority amount

\$0.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

PAID TIME OFF

Last 4 digits of account number:**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)**2.224. Priority creditor's name and mailing address**HEDGEPEETH, ROCHELLY MAXIE
1231 RAMBLEWOOD RD
BALTIMORE MD 21239**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Total claim

\$142.05

Priority amount

\$142.05

Nonpriority amount

\$0.00

Date or dates debt was incurred

VARIOUS

Basis for the claim:

PAID TIME OFF

Last 4 digits of account number:**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

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2.225.	Priority creditor's name and mailing address HENSON, JENNIFER K 1416 E 48TH ST LOS ANGELES CA 90011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$613.75	Priority amount \$613.75
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.226.	Priority creditor's name and mailing address HERNANDEZ, STEPHANIE 1874 HUBBARD ST SIMI VALLEY CA 93065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$39.20	Priority amount \$39.20
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.227.	Priority creditor's name and mailing address HOLMES, DELORES M 109 ACADEMY AVE PROVIDENCE RI 02908	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$312.48	Priority amount \$312.48
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.228.	Priority creditor's name and mailing address HOOD, KALEY M 203 N EASTERN AVE 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$632.59</td> </tr> </table>	Total claim	\$632.59	<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;">\$632.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$632.59	Nonpriority amount	\$0.00
Total claim										
\$632.59										
Priority amount										
\$632.59										
Nonpriority amount										
\$0.00										
2.229.	Priority creditor's name and mailing address HOUSTON DEPT OF HEALTH AND HUMAN SVC PO BOX 300008 HOUSTON TX 77230-0008 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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										
2.230.	Priority creditor's name and mailing address HOWARD COUNTY HEALTH DEPT DIRECTOR OF FINANCE 8930 STANFORD BLVD COLUMBIA MD 21045 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.231.	Priority creditor's name and mailing address HUGHES, BURK 509 WILDERNESS RD LOUISVILLE KY 40214 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$135.18</td> </tr> </table>	Total claim	\$135.18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$135.18</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$135.18	Nonpriority amount	\$0.00
Total claim										
\$135.18										
Priority amount										
\$135.18										
Nonpriority amount										
\$0.00										
2.232.	Priority creditor's name and mailing address IDAHO STATE DEPT OF AGRICULTURE BUREAU OF WEIGHTS AND MEASURES PO BOX 7249 BOISE ID 83707 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.233.	Priority creditor's name and mailing address IDAHO STATE TAX COMMISSION PO BOX 36 BOISE ID 83722 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$3,405.84</td> </tr> </table>	Total claim	\$3,405.84	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$3,405.84										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.234.	Priority creditor's name and mailing address ILLINOIS DEPARTMENT OF REVENUE PO BOX 19013 SPRINGFIELD IL 62794 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$11,585.86	Priority amount UNDETERMINED <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNDETERMINED
2.235.	Priority creditor's name and mailing address ILLINOIS DEPT OF AGRICULTURE 801 E SANGAMON ABE PO BOX 19281 SPRINGFIELD IL 62702 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNDETERMINED
2.236.	Priority creditor's name and mailing address ILLINOIS DEPT OF REVENUE 501 S SECOND ST RM 351 SPRINGFIELD IL 62756 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.237.	Priority creditor's name and mailing address INTERNAL REVENUE SVC 1111 CONSTITUTION AVE NW WASHINGTON DC 20224 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.238.	Priority creditor's name and mailing address IOWA DEPARTMENT OF REVENUE PO BOX 10460 DES MOINES IA 50306 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$8,030.42</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	\$8,030.42	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									
\$8,030.42	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.239.	Priority creditor's name and mailing address IOWA DEPT OF REVENUE PO BOX 10471 DES MOINES IA 50306-3457 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.240.	Priority creditor's name and mailing address IRS INTERNAL REVENUE SVC 10TH ST AND PENNSYLVANIA AVE NW WASHINGTON DC 20530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.241.	Priority creditor's name and mailing address JIMENEZ SOLIS, FABIOLA E 19104 SATICOY ST RESEDA CA 91335	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$220.95	Priority amount \$220.95
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.242.	Priority creditor's name and mailing address JOHNSON, ROBERT J 5042 N 56TH ST MILWAUKEE WI 53218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,033.00	Priority amount \$1,033.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.243.	Priority creditor's name and mailing address JOHNSON, ROUA J. 16417 HAUSS AVE EASTPOINTE MI 48021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$174.53	Priority amount \$174.53
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.244.	Priority creditor's name and mailing address JONES, NYASIA 501 1/2 BELL AVE LAWTON OK 73507	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$40.95	Priority amount \$40.95
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.246.	Priority creditor's name and mailing address KANSAS DEPARTMENT OF REVENUE PO BOX 758572 TOPEKA KS 66675	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			\$14,772.65	UNDETERMINED
				Nonpriority amount
				UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

2.248.	Priority creditor's name and mailing address KELLY, JADE A 9711 SPAULDING ST OMAHA NE 68134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			\$14.70	\$14.70
				Nonpriority amount
				\$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.249.	Priority creditor's name and mailing address KENTUCKY DEPARTMENT OF REVENUE PO BOX 181 - STATION 67 FRANKFORT KY 40602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$10,152.13	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

2.251.	Priority creditor's name and mailing address KING COUNTY TREASURY 500 4TH AVE RM600 SEATTLE WA 98104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.252.	Priority creditor's name and mailing address KRESKE, LISA M 19 LEA RD NEW CASTLE DE 19720 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$488.46</td> </tr> </table>	Total claim	\$488.46	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$488.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$488.46	Nonpriority amount	\$0.00
Total claim										
\$488.46										
Priority amount										
\$488.46										
Nonpriority amount										
\$0.00										
2.253.	Priority creditor's name and mailing address KUBA, KRISTEN D 5517 KING ARTHUR CT #5 WESTMONT IL 60559 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$166.59</td> </tr> </table>	Total claim	\$166.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$166.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$166.59	Nonpriority amount	\$0.00
Total claim										
\$166.59										
Priority amount										
\$166.59										
Nonpriority amount										
\$0.00										
2.254.	Priority creditor's name and mailing address LAMBERT, LAYNE 13142 WILLIAMS RANCH RD MOORPARK CA 93021 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$155.21</td> </tr> </table>	Total claim	\$155.21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$155.21</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$155.21	Nonpriority amount	\$0.00
Total claim										
\$155.21										
Priority amount										
\$155.21										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.255.	Priority creditor's name and mailing address LANDEROS, ALICIA 2120 SW 23RD ST OKLAHOMA CITY OK 73108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$129.40	Priority amount \$129.40
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.256.	Priority creditor's name and mailing address LANDIN, JESSICA ANN 7508 159TH PL NE APT 233 REDMOND WA 98052	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,548.09	Priority amount \$3,548.09
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.257.	Priority creditor's name and mailing address LAWSON, DEIDRE 2228 ALICE AVE APT 3 OXON HILL MD 20745	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$35.82	Priority amount \$35.82
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.258.	Priority creditor's name and mailing address LECLERC, PHILLIP D 14 W OAKWOOD AVE MANCHESTER NH 03103 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,073.56</td> </tr> </table>	Total claim	\$1,073.56	<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;">\$1,073.56</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,073.56	Nonpriority amount	\$0.00
Total claim										
\$1,073.56										
Priority amount										
\$1,073.56										
Nonpriority amount										
\$0.00										
2.259.	Priority creditor's name and mailing address LEE, MICHAEL E 620 ADMIRAL DR APT 325 ANNAPOLIS MD 21401 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$3,893.37</td> </tr> </table>	Total claim	\$3,893.37	<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;">\$3,893.37</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$3,893.37	Nonpriority amount	\$0.00
Total claim										
\$3,893.37										
Priority amount										
\$3,893.37										
Nonpriority amount										
\$0.00										
2.260.	Priority creditor's name and mailing address LEFLORE, THERESA D 707 W 119TH ST S JENKS OK 74037 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,759.72</td> </tr> </table>	Total claim	\$2,759.72	<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;">\$2,759.72</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,759.72	Nonpriority amount	\$0.00
Total claim										
\$2,759.72										
Priority amount										
\$2,759.72										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.261.	Priority creditor's name and mailing address LEONARD, TRAVIS 52 DIAMOND HILL RD CHEPACHET RI 02814	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$161.12	Priority amount \$161.12
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.262.	Priority creditor's name and mailing address LINDY, CRYSTAL 900 EAST MCMILLAN ST APT 208 CINCINNATI OH 45206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$773.66	Priority amount \$773.66
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.263.	Priority creditor's name and mailing address LIVELY, ERICA L 900 SE BOUNDARY AVE TEMPLE OK 73568	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$386.49	Priority amount \$386.49
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**2.264. **Priority creditor's name and mailing address**

LOCKWOOD JR., WILLIAM C
880 VICTOR AVE # 7
INGLEWOOD CA 90302

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) (4)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PAID TIME OFF

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

\$924.61

Priority amount

\$924.61

Nonpriority amount

\$0.00

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

LOS ANGELES COUNTY TAX
COLLECTOR
PO BOX 54027
LOS ANGELES CA 90054

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

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

LOS ANGELES COUNTY TREASURER
PO BOX 512399
LOS ANGELES CA 90051

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 **Meetha Ventures LLC**Case number (if known) **19-11815**

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

2.268.	Priority creditor's name and mailing address LOUISIANA DEPARTMENT OF REVENUE POST OFFICE BOX 201 BATON ROUGE LA 70821	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim	Priority amount
			\$2,670.05	UNDETERMINED
				Nonpriority amount
				UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.270. Priority creditor's name and mailing address**LOUISIANA DEPT OF REVENUE
PO BOX 4969
BATON ROUGE LA 70821-4969**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

2.271. Priority creditor's name and mailing addressLOUISVILLE METRO OMB
PO BOX 34277
LOUISVILLE KY 40232-4277**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

2.272. Priority creditor's name and mailing addressMAINE REVENUE SERVICES
PO BOX 9107
AUGUSTA ME 04332**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:

SALES TAX

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

\$4,179.62

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.273.	Priority creditor's name and mailing address MARTIN, KIERA M 1469 GENESEE RD SOUTH EUCLID OH 44121 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$943.99</td> </tr> </table>	Total claim	\$943.99	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$943.99</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$943.99	Nonpriority amount	\$0.00
Total claim										
\$943.99										
Priority amount										
\$943.99										
Nonpriority amount										
\$0.00										
2.274.	Priority creditor's name and mailing address MARTINEZ, LINDA C 1801 YARBROUGH PL ALBUQUERQUE NM 87120 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$352.04</td> </tr> </table>	Total claim	\$352.04	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$352.04</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$352.04	Nonpriority amount	\$0.00
Total claim										
\$352.04										
Priority amount										
\$352.04										
Nonpriority amount										
\$0.00										
2.275.	Priority creditor's name and mailing address MARYLAND DEPT OF AGRICULTURE PO BOX 17304 BALTIMORE MD 21297 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.276.	Priority creditor's name and mailing address MARYLAND DEPT OF LABOR LICENSING AND REGULATION SECRETARY 500 N CALVERT ST STE 401 BALTIMORE MD 21202 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.277.	Priority creditor's name and mailing address MARYLAND TREASURER'S OFFICE UNCLAIMED PROPERTY DIVISION GOLDSTEIN TREASURY BUILDING 80 CALVERT ST ANNAPOLIS MD 21401 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.278.	Priority creditor's name and mailing address MARYLAND UNEMPLOYMENT INSURANCE FUND DIVISION OF UNEMPLOYMENT INSURANCE PO 1683 BALTIMORE MD 21203-1683 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.279.	Priority creditor's name and mailing address MASSACHUSETTS DEPARTMENT OF REVENUE 100 CAMBRIDGE STREET BOSTON MA 02114 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$133.31	Priority amount UNDETERMINED <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNDETERMINED
2.280.	Priority creditor's name and mailing address MASSACHUSETTS DEPT OF LABOR AND WORK FORCE DEVELOPMENT DIRECTOR 1 ASHBURTON PL RM 2112 BOSTON MA 02108 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNDETERMINED
2.281.	Priority creditor's name and mailing address MASSACHUSETTS STATE TREASURER UNCLAIMED PROPERTY DIVISION ONE ASHBURTON PL 12TH FL BOSTON MA 02108-1608 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.282.	Priority creditor's name and mailing address MAZZONI, BRIANNA 13 WEST RICHARDS LN NEWARK DE 19711	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$209.76	Priority amount \$209.76
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.283.	Priority creditor's name and mailing address MCDANIEL, SHELLY DENICE 7801 120TH AVE NE NORMAN OK 73026	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,932.95	Priority amount \$2,932.95
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.284.	Priority creditor's name and mailing address MICHIGAN DEPARTMENT OF TREASURY LANSING MI 48922	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$73.72	Priority amount UNDETERMINED
				Nonpriority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.285.	Priority creditor's name and mailing address MICHIGAN DEPT OF AGRICULTURE AND RURAL DEVELOPMENT POBOX 30776 LANSING MI 48909 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.286.	Priority creditor's name and mailing address MICHIGAN DEPT OF ENERGY LABOR AND ECONOMIC GROWTH DIRECTOR OTTAWA BUILDING 611 WEST OTTAWA PO BOX 30004 LANSING MI 48909 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.287.	Priority creditor's name and mailing address MICHIGAN DEPT OF LICENSING AND REGULATORY AFFAIRS PO BOX 30054 LANSING MI 48909 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>UNDETERMINED</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.288.	Priority creditor's name and mailing address MICHIGAN DEPT OF TREASURY TREASURY BUILDING LANSING MI 48922 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.289.	Priority creditor's name and mailing address MICHIGAN DEPT OF TREASURY UNCLAIMED PROPERTY DIVISION PO BOX 30756 LANSING MI 48909 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.290.	Priority creditor's name and mailing address MILLER, STEVEN C P O BOX 1552 DIAMOND SPRINGS CA 95619 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$31.18	Priority amount \$31.18 Nonpriority amount \$0.00

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2.291.	Priority creditor's name and mailing address MINNESOTA DEPARTMENT OF REVENUE 600 NORTH ROBERT ST. ST. PAUL MN 55101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$4,304.01	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.292.	Priority creditor's name and mailing address MISSOURI DEPARTMENT OF REVENUE 301 WEST HIGH STREET JEFFERSON CITY MO 65101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$10,469.01	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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2.294.	Priority creditor's name and mailing address MISSOURI DEPT OF REVENUE HARRY S TRUMAN STATE OFFICE BUILDING 301 WEST HIGH ST JEFFERSON CITY MO 65101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.295.	Priority creditor's name and mailing address MISSOURI DEPT OF REVENUE PO BOX 3390 JEFFERSON CITY MO 65105-3390 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.296.	Priority creditor's name and mailing address MISSOURI LABOR AND INDUSTRIAL RELATIONS COMMISSION DIRECTOR 3315 WEST TRUMAN BLVD RM 214 PO BOX 504 JEFFERSON CITY MO 65102-0599 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

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

2.298.	Priority creditor's name and mailing address MITCHELL, DENVER 3478 PARADISE RD #106 LAS VEGAS NV 89169	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$174.00	Priority amount \$174.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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

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

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

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2.303.	Priority creditor's name and mailing address MOOERS, BEN ERIK M 297 DORIS AVE SAN JOSE CA 95127 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$500.71</td></tr></table>	Total claim	\$500.71	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$500.71</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.71	Nonpriority amount	\$0.00
Total claim										
\$500.71										
Priority amount										
\$500.71										
Nonpriority amount										
\$0.00										
2.304.	Priority creditor's name and mailing address MOTAKEF, TONY K 5 CHESTERFIELD MISSION VIEJO CA 92692 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$81.63</td></tr></table>	Total claim	\$81.63	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$81.63</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$81.63	Nonpriority amount	\$0.00
Total claim										
\$81.63										
Priority amount										
\$81.63										
Nonpriority amount										
\$0.00										
2.305.	Priority creditor's name and mailing address MOUSER, SHELBY 1427 S 6TH ST APT 1 LOUISVILLE KY 40208 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$4.02</td></tr></table>	Total claim	\$4.02	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$4.02</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$4.02	Nonpriority amount	\$0.00
Total claim										
\$4.02										
Priority amount										
\$4.02										
Nonpriority amount										
\$0.00										

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2.306.	Priority creditor's name and mailing address MURPHY, DEIRDRE A 3000 DONNEGAL BAY DR LAS VEGAS NV 89117 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$817.31</td> </tr> </table>	Total claim	\$817.31	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$817.31</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$817.31	Nonpriority amount	\$0.00
Total claim										
\$817.31										
Priority amount										
\$817.31										
Nonpriority amount										
\$0.00										
2.307.	Priority creditor's name and mailing address NATICK BOARD OF ASSESSORS NATICK TOWN OFFICES 13 E CENTRAL ST NATICK MA 01760 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.308.	Priority creditor's name and mailing address NEBRASKA DEPARTMENT OF REVENUE PO BOX 94818 LINCOLN NE 68509 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$174.98</td> </tr> </table>	Total claim	\$174.98	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
\$174.98										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

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2.309.	Priority creditor's name and mailing address NEBRASKA DEPT OF AGRICULTURE 301 CENTENNIAL MALL SOUTH PO BOX 94668 LINCOLN NE 68509 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										
2.310.	Priority creditor's name and mailing address NEELEY, COURTNEY 3036 S WILLOW ST SEATTLE WA 98108 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$184.34</td></tr></table>	Total claim	\$184.34	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$184.34</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$184.34	Nonpriority amount	\$0.00
Total claim										
\$184.34										
Priority amount										
\$184.34										
Nonpriority amount										
\$0.00										
2.311.	Priority creditor's name and mailing address NEFF, REBEKKAH A 9844 CYPRESSWOOD DR 1106 HOUSTON TX 77070 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$69.56</td></tr></table>	Total claim	\$69.56	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$69.56</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$69.56	Nonpriority amount	\$0.00
Total claim										
\$69.56										
Priority amount										
\$69.56										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.312.	Priority creditor's name and mailing address NEISI, SAHAR 3238 SYDENHAM ST FAIRFAX VA 22031	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$624.77	Priority amount \$624.77
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.313.	Priority creditor's name and mailing address NELSON, DAWN RENEE 3719 SOUTH 125TH EAST AVE TULSA OK 74146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$123.06	Priority amount \$123.06
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.314.	Priority creditor's name and mailing address NELSON, MONICA RENEE 8602 CINNAMON CREEK DR APT 704 SAN ANTONIO TX 78240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,729.51	Priority amount \$2,729.51
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.315.	Priority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION 555 E. WASHINGTON AVE, SUITE 1300 LAS VEGAS NV 89101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,819.11	Priority amount UNDETERMINED
				Nonpriority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

2.317.	Priority creditor's name and mailing address NEW JERSEY OFFICE OF THE ATTORNEY GENERAL PO BOX 490 AVENEL NJ 07001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
				Nonpriority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.318.	Priority creditor's name and mailing address NEW MEXICO DEPT OF LABOR SECRETARY 401 BROADWAY NE PO BOX 1928 ALBUQUERQUE NM 87102 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.319.	Priority creditor's name and mailing address NEW MEXICO DEPT OF REVENUE UNCLAIMED PROPERTY DIVISION PO BOX 8485 ALBUQUERQUE NM 87198-8485 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.320.	Priority creditor's name and mailing address NEW MEXICO SECRETARY OF STATE 325 DON GASPAR STE 300 SANTA FE NM 87501 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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

2.322.	Priority creditor's name and mailing address NEW MEXICO TAXATION & REVENUE 1100 SOUTH ST. FRANCIS DRIVE SANTA FE NM 87504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$131.64	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.324.	Priority creditor's name and mailing address NEWHOUSE, CAROL ANNE 201 HILLMOND ST APT C4 BETHLEHEM PA 18017 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,997.98</td> </tr> </table>	Total claim	\$1,997.98	<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;">\$1,997.98</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$1,997.98	Nonpriority amount	\$0.00
Total claim										
\$1,997.98										
Priority amount										
\$1,997.98										
Nonpriority amount										
\$0.00										
2.325.	Priority creditor's name and mailing address NORTH CAROLINA DEPARTMENT OF REVENUE 501 N WILMINGTON ST RALEIGH NC 27604 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$5,226.35</td> </tr> </table>	Total claim	\$5,226.35	<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										
\$5,226.35										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.326.	Priority creditor's name and mailing address NOYES, ANGEL LEEANN 2806 W BRIDLEWOOD TRL OZARK MO 65721 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$44.46</td> </tr> </table>	Total claim	\$44.46	<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;">\$44.46</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$44.46	Nonpriority amount	\$0.00
Total claim										
\$44.46										
Priority amount										
\$44.46										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.327. Priority creditor's name and mailing address**

OFFICE OF THE CHIEF FINANCIAL
OFFICER
UNCLAIMED PROPERTY OFFICE
1350 PENNSYLVANIA AVE NW
STE 203
WASHINGTON DC 20004

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

2.328. Priority creditor's name and mailing address

OHIO DEPARTMENT OF TAXATION
PO BOX 2678
COLUMBUS OH 43216

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:

SALES TAX

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

\$3,389.30

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

2.329. Priority creditor's name and mailing address

OKLAHOMA CITY LICENSE
420 W MAIN 8TH FL
OKLAHOMA CITY OK 73102

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 **Meetha Ventures LLC**Case number (if known) **19-11815**2.330. **Priority creditor's name and mailing address**OKLAHOMA COUNTY ASSESSOR
320 ROBERT S KERR AVE #315
OKLAHOMA CITY OK 73102**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

2.331. **Priority creditor's name and mailing address**OKLAHOMA COUNTY TREASURER
PO BOX 268875
OKLAHOMA CITY OK 73126**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

2.332. **Priority creditor's name and mailing address**OKLAHOMA DEPT OF LABOR
COMMISSIONER
3017 N STILES
STE 100
OKLAHOMA CITY OK 73105**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 **Meetha Ventures LLC**Case number (if known) **19-11815**

2.333.	Priority creditor's name and mailing address OKLAHOMA SEC OF STATE BUSINESS FILING 2300 N LINCOLN BLVD ROOM 101 OKLAHOMA CITY OK 73105-4897 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">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: #cccccc;">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										
2.334.	Priority creditor's name and mailing address OKLAHOMA SECRETARY OF STATE 421 NW 13TH STE 210 OKLAHOMA CITY OK 73103 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">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: #cccccc;">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										
2.335.	Priority creditor's name and mailing address OKLAHOMA STATE DEPT OF HEALTH PO BOX 268815 OKLAHOMA CITY OK 73126 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">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: #cccccc;">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 **Meetha Ventures LLC**Case number (if known) **19-11815**

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

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

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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

2.340.	Priority creditor's name and mailing address OKLAHOMA TAX COMMISSION 2501 NORTH LINCOLN BOULEVARD OKLAHOMA CITY OK 73194	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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>\$24,189.30</td> <td>UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	\$24,189.30	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									
\$24,189.30	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

2.341.	Priority creditor's name and mailing address ORANGE COUNTY TREASURER TAX COLLECTOR 11 W CIVIC CTR DR SANTA ANA CA 92701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.342. Priority creditor's name and mailing address**

OREGON BUREAU OF LABOR AND INDUSTRIES
COMMISSIONER
800 NE OREGON ST
STE 1045
PORTLAND, OR 97232

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

2.343. Priority creditor's name and mailing address

OREGON DEPT OF AGRICULTURE
635 CAPITOL ST NE
SALEM OR 97301

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

2.344. 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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.345. 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

2.346. 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

2.347. Priority creditor's name and mailing address

OREGON LIQUOR CONTROL
COMMISSION
9079 SE MCLOUGHLIN BLVD
PORTLAND OR 97222

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 **Meetha Ventures LLC**Case number (if known) **19-11815**

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

2.349.	Priority creditor's name and mailing address PARKER, TERA C 7611 DICKENS AVE PHILADELPHIA PA 19153	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$36.55	Priority amount \$36.55
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.350.	Priority creditor's name and mailing address PENA, JAVIER 10026 ROLAN MEADOWS DR VAN BUREN CHARTER TOWNSHIP MI 48111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$15.35	Priority amount \$15.35
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.351.	Priority creditor's name and mailing address PENNSYLVANIA DEPARTMENT OF REVENUE PO BOX 280905 HARRISBURG PA 17128 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$1,010.59</td> </tr> </table>	Total claim	\$1,010.59	<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										
\$1,010.59										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.352.	Priority creditor's name and mailing address PERKINS, DANA 5356 VILLE MARIA LN HAZELWOOD MO 63042 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$404.70</td> </tr> </table>	Total claim	\$404.70	<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;">\$404.70</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$404.70	Nonpriority amount	\$0.00
Total claim										
\$404.70										
Priority amount										
\$404.70										
Nonpriority amount										
\$0.00										
2.353.	Priority creditor's name and mailing address PERRY, SCOTT 24805 STRATTON LN LAGUNA NIGUEL CA 92677 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$2,844.24</td> </tr> </table>	Total claim	\$2,844.24	<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;">\$2,844.24</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$2,844.24	Nonpriority amount	\$0.00
Total claim										
\$2,844.24										
Priority amount										
\$2,844.24										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.354. Priority creditor's name and mailing address**

PIERSEE, THERESA J
7834 SANDUSKY AVE
KANSAS CITY KS 66112

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) (4)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PAID TIME OFF

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

\$4,590.84

Priority amount

\$4,590.84

Nonpriority amount

\$0.00

2.355. Priority creditor's name and mailing address

PIETRYGA, MICAELA
8315 MAYWOOD ST
RALSTON NE 68127

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) (4)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PAID TIME OFF

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

\$1,713.60

Priority amount

\$1,713.60

Nonpriority amount

\$0.00

2.356. Priority creditor's name and mailing address

PLACER COUNTY ENVIRONMENTAL
HEALTH
3091 COUNTY CTR DR
STE 180
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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.357. 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

2.358. Priority creditor's name and mailing addressPLACER 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

2.359. Priority creditor's name and mailing addressPORTER, LUKAS E
8585 SW CANYON LN # 69
PORTLAND OR 97225**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) (4)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

PAID TIME OFF

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

\$189.00

Priority amount

\$189.00

Nonpriority amount

\$0.00

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.360.	Priority creditor's name and mailing address POST, ROSS E 3805 164TH ST SOUTHWEST APT G-202 LYNNWOOD WA 98087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$176.32	Priority amount \$176.32
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.361.	Priority creditor's name and mailing address POTTAWATOMIE COUNTY ASSESSOR 325 N BROADWAY AVE 204 SHAWNEE OK 74801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
				Nonpriority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.362.	Priority creditor's name and mailing address PRESTIDGE, ALEXIS B 1613 GATEWAY DR WILLS POINT TX 75169	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$194.22	Priority amount \$194.22
				Nonpriority amount \$0.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.363.	Priority creditor's name and mailing address RADFORD, BRENT M 11422 SAGEGROVE LN HOUSTON TX 77089 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$470.89</td></tr></table>	Total claim	\$470.89	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$470.89</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$470.89	Nonpriority amount	\$0.00
Total claim										
\$470.89										
Priority amount										
\$470.89										
Nonpriority amount										
\$0.00										
2.364.	Priority creditor's name and mailing address RAMOS, ELIZABETH 2515 NORTH 75TH CT UNIT 1 ELMWOOD PARK IL 60707 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,621.34</td></tr></table>	Total claim	\$1,621.34	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,621.34</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,621.34	Nonpriority amount	\$0.00
Total claim										
\$1,621.34										
Priority amount										
\$1,621.34										
Nonpriority amount										
\$0.00										
2.365.	Priority creditor's name and mailing address REEVES, ANGELA M 2013 GOVERNOR THOMAS BLADEN WA APT 303 ANNAPOLIS MD 21401 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$169.50</td></tr></table>	Total claim	\$169.50	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$169.50</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$169.50	Nonpriority amount	\$0.00
Total claim										
\$169.50										
Priority amount										
\$169.50										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.366.	Priority creditor's name and mailing address REICHNER, KEVIN 285 ECHOLS LN # 413 WHITEWRIGHT TX 75491	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$1,030.50</td> <td style="text-align: center;">\$1,030.50</td> </tr> </table>	Total claim	Priority amount	\$1,030.50	\$1,030.50	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$1,030.50	\$1,030.50									
Nonpriority amount										
\$0.00										
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

2.367.	Priority creditor's name and mailing address RHODE ISLAND DEPT OF STATE 148 W RIVER ST PROVIDENCE RI 02904-2615	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">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%;"> <tr> <th style="background-color: #cccccc;">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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

2.368.	Priority creditor's name and mailing address RHODE ISLAND DIVISION OF TAXATION ONE CAPITOL HILL PROVIDENCE RI 02908	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Total claim</th> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$5,186.81</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	\$5,186.81	UNDETERMINED	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
\$5,186.81	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.369.	Priority creditor's name and mailing address RICHARD, TIMOTHY MICHAEL 12712 ADMIRALTY WAY APT D301 EVERETT WA 98704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$219.40	Priority amount \$219.40
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.370.	Priority creditor's name and mailing address RISLEY, MARY CANDICE 1501 OSBORNE ST SALINA KS 67401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,315.34	Priority amount \$1,315.34
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.371.	Priority creditor's name and mailing address ROBINSON, ELIZABETH P 16571 OLD FRIENDSHIP WAY CALDWELL ID 83607	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$200.48	Priority amount \$200.48
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.372.	Priority creditor's name and mailing address ROBINSON, JAYLAH 1947 LARKSPUR DR APT 603 SAN ANTONIO TX 78213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$512.82	Priority amount \$512.82
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.373.	Priority creditor's name and mailing address ROE, ADAM M 3912 MOUNTAIN RD PASADENA MD 21122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$80.76	Priority amount \$80.76
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.374.	Priority creditor's name and mailing address ROGERS, MEGAN LYNN 1101 S MAIN SPRINGFIELD MO 65807	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$421.39	Priority amount \$421.39
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.375.	Priority creditor's name and mailing address SACRAMENTO COUNTY UNSECURED TAX UNIT PO BOX 508 SACRAMENTO CA 95812-0508 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.376.	Priority creditor's name and mailing address SAINT LOUIS COUNTY DEPT OF HEALTH 6121 N HANLEY RD BERKELEY MO 63134 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.377.	Priority creditor's name and mailing address SAINT LOUIS COUNTY MISSOURI ASSESSORS OFFICE CLARKSON WILSON CENTER CHESTERFIELD MO 63017 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.378.	Priority creditor's name and mailing address SALT LAKE COUNTY ASSESSOR 2001 SOUTH STATE ST N2-600 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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.379.	Priority creditor's name and mailing address SALT LAKE COUNTY ASSESSOR 2001 SOUTH SSTATE ST #N2-600 PO BOX 147421 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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.380.	Priority creditor's name and mailing address SAN FRANCISCO DEPT OF PUBLIC HEALTH 1390 MARKET ST STE 210 SAN FRANCISCO CA 94102 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.381.	Priority creditor's name and mailing address SAN FRANCISCO OFFICE OF THE ASSESSOR RECORDER 1 DR CARLTON B GOODLETT PL CITY HALL ROOM 190 SAN FRANCISCO CA 94102-4698 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.382.	Priority creditor's name and mailing address SAN FRANCISCO OFFICE OF THE ASSESSOR RECORDER 1155 MARKET ST 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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.383.	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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.384.	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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.385.	Priority creditor's name and mailing address SANCHEZ, HAYLEY 5401 SEPULVEDA BLVD APT #5 SHERMAN OAKS CA 91411 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$98.89</td> <td style="text-align: center;">\$98.89</td> </tr> </table>	Total claim	Priority amount	\$98.89	\$98.89	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$98.89	\$98.89									
Nonpriority amount										
\$0.00										
2.386.	Priority creditor's name and mailing address SCHENOSKY, STEPHEN 67 PLAYER OAKS PL SPRING TX 77382 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$88.35</td> <td style="text-align: center;">\$88.35</td> </tr> </table>	Total claim	Priority amount	\$88.35	\$88.35	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount									
\$88.35	\$88.35									
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.387.	Priority creditor's name and mailing address SEARLE, QUINTON C 5809 BENNION DR WEST JORDAN UT 84029 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$451.53</td> </tr> </table>	Total claim	\$451.53	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$451.53</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$451.53	Nonpriority amount	\$0.00
Total claim										
\$451.53										
Priority amount										
\$451.53										
Nonpriority amount										
\$0.00										
2.388.	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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.389.	Priority creditor's name and mailing address SECRETARY OF STATE IOWA 321 E 12TH ST DES MOINES IA 50319 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.390.	Priority creditor's name and mailing address SEGER, JAY E 6026 SE 74TH AVE PORTLAND OR 97206 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$313.50</td> </tr> </table>	Total claim	\$313.50	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$313.50</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$313.50	Nonpriority amount	\$0.00
Total claim										
\$313.50										
Priority amount										
\$313.50										
Nonpriority amount										
\$0.00										
2.391.	Priority creditor's name and mailing address SELINSKI, KATHRYN 6034 RICHMOND HWY APT 616 ALEXANDRIA VA 22303 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$614.57</td> </tr> </table>	Total claim	\$614.57	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$614.57</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$614.57	Nonpriority amount	\$0.00
Total claim										
\$614.57										
Priority amount										
\$614.57										
Nonpriority amount										
\$0.00										
2.392.	Priority creditor's name and mailing address SHAFFER, WENDI 65 SUMMERLYN DR EPHRATA PA 17522 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$374.55</td> </tr> </table>	Total claim	\$374.55	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$374.55</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$374.55	Nonpriority amount	\$0.00
Total claim										
\$374.55										
Priority amount										
\$374.55										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.393.	Priority creditor's name and mailing address SHANK, BRANDON A 9457 BIRCH DR LOVELAND OH 45140 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$253.65</td> </tr> </table>	Total claim	\$253.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$253.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$253.65	Nonpriority amount	\$0.00
Total claim										
\$253.65										
Priority amount										
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Nonpriority amount										
\$0.00										
2.394.	Priority creditor's name and mailing address SHEARER, MICHAEL L 16 TOLL GATE STATION LANCASTER PA 17601 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$955.29</td> </tr> </table>	Total claim	\$955.29	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$955.29</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$955.29	Nonpriority amount	\$0.00
Total claim										
\$955.29										
Priority amount										
\$955.29										
Nonpriority amount										
\$0.00										
2.395.	Priority creditor's name and mailing address SHIVER, MADISON J 19729 RIVER RD APT 6 GLADSTONE OR 97027 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$24.59</td> </tr> </table>	Total claim	\$24.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$24.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$24.59	Nonpriority amount	\$0.00
Total claim										
\$24.59										
Priority amount										
\$24.59										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.396.	Priority creditor's name and mailing address SHORT, EMILY ANN 301 SHELARD PKWY APT 362 ST. LOUIS PARK MN 55426 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$103.38</td></tr></table>	Total claim	\$103.38	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$103.38</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$103.38	Nonpriority amount	\$0.00
Total claim										
\$103.38										
Priority amount										
\$103.38										
Nonpriority amount										
\$0.00										
2.397.	Priority creditor's name and mailing address SIMMONS, STACEY ANN 8545 DURLAND WAY OKLAHOMA CITY OK 73114 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$1,125.15</td></tr></table>	Total claim	\$1,125.15	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$1,125.15</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,125.15	Nonpriority amount	\$0.00
Total claim										
\$1,125.15										
Priority amount										
\$1,125.15										
Nonpriority amount										
\$0.00										
2.398.	Priority creditor's name and mailing address SINGLETON, DANIEL 2004 PEGGY STEWART WAY APT 206 ANNAPOLIS MD 21401 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><td>Total claim</td></tr><tr><td>\$215.25</td></tr></table>	Total claim	\$215.25	<table border="1" style="width: 100%;"><tr><td>Priority amount</td></tr><tr><td>\$215.25</td></tr></table> <table border="1" style="width: 100%;"><tr><td>Nonpriority amount</td></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$215.25	Nonpriority amount	\$0.00
Total claim										
\$215.25										
Priority amount										
\$215.25										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.399. Priority creditor's name and mailing address**

SKCDPH PUBLIC HEALTH SEATTLE
KING COUNTY
PUBLIC HEALTH SEATTLE KING
COUNTY
401 FIFTH AVE STE 1100
SEATTLE WA 98104

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

2.400. Priority creditor's name and mailing address

SMITH, JORDAN ANDRIA
5821 S 152ND PL
APT 2
TUKWILA WA 98188

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) (4)

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

PAID TIME OFF

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

\$458.37

Priority amount

\$458.37

Nonpriority amount

\$0.00

2.401. Priority creditor's name and mailing address

SMUD
PO BOX 15555
SACRAMENTO CA 95852

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 **Meetha Ventures LLC**Case number (if known) **19-11815**

2.402.	Priority creditor's name and mailing address SNOHOMISH COUNTY 3000 ROCKEFELLER AVE EVERETT WA 98201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.403.	Priority creditor's name and mailing address SNOHOMISH COUNTY TREASURER PO BOX 34171 SEATTLE WA 98124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.404.	Priority creditor's name and mailing address SNOHOMISH HEALTH DISTRICT 3020 RUCKER AVE STE 104 EVERET WA 98201-3900	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.405.	Priority creditor's name and mailing address SNOW, NICOLE 4156 E 484 RD OWASSO OK 74055 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$302.38</td> </tr> </table>	Total claim	\$302.38	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$302.38</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$302.38	Nonpriority amount	\$0.00
Total claim										
\$302.38										
Priority amount										
\$302.38										
Nonpriority amount										
\$0.00										
2.406.	Priority creditor's name and mailing address SPENCER, JEREMY C 516 N WALKER LN OLATHE KS 66061 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$1,987.59</td> </tr> </table>	Total claim	\$1,987.59	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$1,987.59</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$1,987.59	Nonpriority amount	\$0.00
Total claim										
\$1,987.59										
Priority amount										
\$1,987.59										
Nonpriority amount										
\$0.00										
2.407.	Priority creditor's name and mailing address STATE CORP COMMISSION PO BOX 1197 RICHMOND VA 23218 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.408. Priority creditor's name and mailing address**

STATE OF CALIFORNIA
DEPT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS
COMPENSATION
455 GOLDEN GATE AVE 2ND FL
SAN FRANCISCO CA 94102-7014

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

2.409. Priority creditor's name and mailing address

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPT
TAXPAYER ASSISTANCE CENTER
PO BOX 826880
SACRAMENTO CA 94280-0001

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

2.410. Priority creditor's name and mailing address

STATE OF CALIFORNIA BOARD OF
EQUALIZATION
SPECIAL TAXES AND FEES
PO BOX 942879
SACRAMENTO CA 94279

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 **Meetha Ventures LLC**Case number (if known) **19-11815****2.411. Priority creditor's name and mailing address**STATE OF DELAWARE
DIVISION OF CORPORATIONS
P O BOX 5509
BINGHAMTON NY 13902**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

2.412. Priority creditor's name and mailing addressSTATE OF DELAWARE
DIVISION OF CORPORATIONS
P O BOX 5509
BINGHAMTON NY 13902**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

\$9,050.82

Priority amount

\$9,050.82

Nonpriority amount

\$0.00

2.413. Priority creditor's name and mailing addressSTATE OF DELAWARE
DIVISION OF CORPORATIONS
P O BOX 5509
BINGHAMTON NY 13902**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

\$2,661.81

Priority amount

\$2,661.81

Nonpriority amount

\$0.00

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.414.	Priority creditor's name and mailing address STATE OF GEORGIA GEORGIA DEPT OF LABOR 148 ANDREW YOUNG INTER BLVD STE 800 ATLANTA GA 30303-1732 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.415.	Priority creditor's name and mailing address STATE OF GEORGIA STATE BOARD OF WORKERS COMPENSATION 270 PEACHTREE ST NW ATLANTA GA 30303-1299 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.416.	Priority creditor's name and mailing address STATE OF GEORGIA DEPT OF REVENUE GEORGIA TAX CENTER PO BOX 105499 ATLANTA GA 30359 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.417. Priority creditor's name and mailing address**

STATE OF MARYLAND
MARYLAND DEPT OF LABOR
LICENSING
AND REGULATION
1100 NORTH EUTAW ST
ROOM 414
BALTIMORE MD 21201-2201

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

2.418. Priority creditor's name and mailing address

STATE OF MARYLAND
WORKERS COMPENSATION
COMMISSION
10 EAST BALTIMORE ST 4TH FL
BALTIMORE MD 21202

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

2.419. Priority creditor's name and mailing address

STATE OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND
WORKFORCE DEVELOPMENT
DEPT OF INDUSTRIAL ACCIDENTS
1 CONGRESS ST STE 100
BOSTON MA 02114-2017

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 **Meetha Ventures LLC**Case number (if known) **19-11815**

2.420.	Priority creditor's name and mailing address STATE OF MASSACHUSETTS MASSACHUSETTS DIV OF EMPLOYMENT AND TRAINING 19 STANIFORD ST BOSTON MA 02114-2589 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.421.	Priority creditor's name and mailing address STATE OF MICHIGAN DEPT OF LICENSING AND REGULATORY AFFAIRS WORKERS COMPENSATION AGENCY 2501 WOODLAKE CIR OKEMOS MI 48864 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.422.	Priority creditor's name and mailing address STATE OF MICHIGAN MICHIGAN DEPT OF LICENSING AND REGULATORY AFFAIRS 3024 W GRAND BLVD DETROIT MI 48202-6024 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**2.423. **Priority creditor's name and mailing address**

STATE OF MISSOURI
DEPT OF LABOR
DIVISION OF WORKERS
COMPENSATION
PO BOX 58
JEFFERSON CITY MO 65102-0058

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

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

STATE OF MISSOURI
DIVISION OF EMPLOYMENT SECURITY
PO BOX 59
JEFFERSON CITY MO 65104-0059

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

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

STATE OF NEW JERSEY
PO BOX 059
TRENTON NJ 08646-6400

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 **Meetha Ventures LLC**Case number (if known) **19-11815**

2.426.	Priority creditor's name and mailing address STATE OF NEW JERSEY - OFFICE OF THE STATE COMPTROLLER 20 WEST STATE STREET TRENTON NJ 08625 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$13,537.75	Priority amount UNDETERMINED <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNDETERMINED
2.427.	Priority creditor's name and mailing address STATE OF NEW JERSEY LITTER CONTROL FEE DIVISION OF TAXATION REVENUE PROCESS CTR PO BOX 274 TRENTON NJ 08764 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNDETERMINED
2.428.	Priority creditor's name and mailing address STATE OF NEW MEXICO NEW MEXICO DEPT OF WORKFORCE SOLUTIONS PO BOX 2281 ALBUQUERQUE NM 87103-2281 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED <div style="background-color: #d3d3d3; padding: 2px;">Nonpriority amount</div> UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.429.	Priority creditor's name and mailing address STATE OF NEW MEXICO WORKERS COMPENSATION ADMINISTRATION 2410 CENTRE AVE SE PO BOX 27198 ALBUQUERQUE NM 87125-7198 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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										
2.430.	Priority creditor's name and mailing address STATE OF OKLAHOMA WORKERS COMPENSATION COMMISSION 1915 NORTH STILES AVE OKLAHOMA CITY OK 73105 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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										
2.431.	Priority creditor's name and mailing address STATE OF OREGON OREGON EMPLOYMENT DEPT 875 UNION ST NE ROOM 107 SALEM OR 97311-0030 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </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										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.432.	Priority creditor's name and mailing address STATE OF OREGON WORKERS COMPENSATION DIVISION 350 WINTER ST NE PO BOX 14480 SALEM OR 97309-0405 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.433.	Priority creditor's name and mailing address STATE OF RHODE ISLAND DIVISION OF TAXATION ONE CAPTIOL HILL STE 36 PROVIDENCE RI 02908-5829 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.434.	Priority creditor's name and mailing address STATE OF TEXAS DEPT OF INSURANCE WORKERS COMPENSATION 7551 METRO CTR DR STE 100 AUSTIN TX 78744-1609 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.435.	Priority creditor's name and mailing address STATE OF UTAH LABOR COMMISSION DIVISION OF INDUSTRIAL ACCIDENTS 160 EAST 300 SOUTH 3RD FL PO BOX 146610 SALT LAKE CITY UT 84114-6610 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										
2.436.	Priority creditor's name and mailing address STATE OF UTAH UTAH DEPT OF WORKFORCE SVC PO BOX 45288 SALT LAKE CITY UT 84145-0288 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										
2.437.	Priority creditor's name and mailing address STATE OF VIRGINIA VIRGINIA EMPLOYMENT COMMISSION PO BOX 1358 RICHMOND VA 23218-1358 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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 **Meetha Ventures LLC**Case number (if known) **19-11815**

2.438.	Priority creditor's name and mailing address STATE OF VIRGINIA WORKERS COMPENSATION COMMISSION 333 E FRANKLIN ST RICHMOND VA 23219 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.439.	Priority creditor's name and mailing address STATE OF WASHINGTON DEPT OF LABOR AND INDUSTRIES INSURANCE SVC DIVISION 7273 LINDERSON WAY SW TUMWATER WA 98501-5414 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.440.	Priority creditor's name and mailing address STATE OF WASHINGTON WASHINGTON EMPLOYMENT SECURITY DEPT PO BOX 9046 OLYMPIA WA 98507-9046 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.441.	Priority creditor's name and mailing address STATE OF WISCONSIN DEPT OF FINANCIAL INSTITUTIONS PO BOX 7847 MADISON WI 53707-7847 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED
Total claim								
UNDETERMINED								
Priority amount								
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			
Nonpriority amount								
UNDETERMINED								
2.442.	Priority creditor's name and mailing address STATE OF WISCONSIN DEPT OF WORKFORCE DEVELOPMET PO BOX 7901 MADISON WI 53707-7901 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>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>UNDETERMINED</td> </tr> </table>	Priority amount	UNDETERMINED
Total claim								
UNDETERMINED								
Priority amount								
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			
Nonpriority amount								
UNDETERMINED								
2.443.	Priority creditor's name and mailing address STEWART, MARK 31364 LOUISE DR WARREN MI 48088 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$254.69</td> </tr> </table>	Total claim	\$254.69	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$254.69</td> </tr> </table>	Priority amount	\$254.69
Total claim								
\$254.69								
Priority amount								
\$254.69								
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00			
Nonpriority amount								
\$0.00								

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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

2.445.	Priority creditor's name and mailing address TANNENBAUM, MARCO R 5255 MEMPHIS ST UNIT 807 DENVER CO 80239	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,193.50	Priority amount \$1,193.50
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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

2.448.	Priority creditor's name and mailing address TEXAS COMPTROLLER OF PUBLIC ACCOUNTS 111 EAST 17TH STREET AUSTIN TX 78774	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$52,092.61	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.449.	Priority creditor's name and mailing address TEXAS COMPTROLLER OF PUBLIC ACCOUNTS UNCLAIMED PROPERTY CLAIMS SECTION PO BOX 12046 AUSTIN TX 78711-2046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.450.	Priority creditor's name and mailing address TEXAS DEPT OF AGRICULTURE PO BOX 12077 AUSTIN TX 78711-2077 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.451.	Priority creditor's name and mailing address TEXAS WORKFORCE COMMISSION PO BOX 149037 AUSTIN TX 78714-9037 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.452.	Priority creditor's name and mailing address TEXAS WORKFORCE COMMISSION EXECUTIVE DIRECTOR 101 EAST 15TH ST ROOM 651 AUSTIN TX 78778-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.453.	Priority creditor's name and mailing address THOMAS, ALEKSANDRINA A 965 N HUMBOLDT ST APT 306 DENVER CO 80218 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$367.02</td> </tr> </table>	Total claim	\$367.02	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$367.02</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$367.02	Nonpriority amount	\$0.00
Total claim										
\$367.02										
Priority amount										
\$367.02										
Nonpriority amount										
\$0.00										
2.454.	Priority creditor's name and mailing address TITHERINGTON, KATASIA 56 TYLER ST PORTLAND ME 04103 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$232.00</td> </tr> </table>	Total claim	\$232.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$232.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$232.00	Nonpriority amount	\$0.00
Total claim										
\$232.00										
Priority amount										
\$232.00										
Nonpriority amount										
\$0.00										
2.455.	Priority creditor's name and mailing address TONEY, ROSEANNA 965 MALLARD CREEK RD SAINT MATTHEWS KY 40207 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$188.65</td> </tr> </table>	Total claim	\$188.65	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$188.65</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$188.65	Nonpriority amount	\$0.00
Total claim										
\$188.65										
Priority amount										
\$188.65										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****2.456. Priority creditor's name and mailing address**

TOWN OF LOS GATOS
FINANCE DEPT
BUSINESS LICENCE TAX DIVISION
110 EAST MAIN ST
LOS GATOS CA 95031

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

2.457. Priority creditor's name and mailing address

TOWN OF NATICK
13 EAST CENTRAL ST
NATICK MA 01760

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

2.458. Priority creditor's name and mailing address

TOWN OF NATICK
OFFICE OF COLLECTOR OF TAXES
13 EAST CENTRAL ST
NATICK MA 01760

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 **Meetha Ventures LLC**Case number (if known) **19-11815**

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.462.	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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.463.	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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.464.	Priority creditor's name and mailing address TREJO-ORTIZ, DAVID 1540 N GESSNER RD HOUSTON TX 77064 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim \$411.79	Priority amount \$411.79 Nonpriority amount \$0.00

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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

2.466.	Priority creditor's name and mailing address TROIANO, ACADIA 15 POWSLAND ST PORTLAND ME 04102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$873.61	Priority amount \$873.61
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.468.	Priority creditor's name and mailing address US DEPT OF LABOR 200 CONSTITUTION AVE NW WASHINGTON DC 20210 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.469.	Priority creditor's name and mailing address US DEPT OF LABOR OSHA OSHA REGION 1 JFK FEDERAL BUILDING 25 NEW SUDBURY ST RM E340 BOSTON MA 02203 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.470.	Priority creditor's name and mailing address US DEPT OF LABOR OSHA OSHA REGION 4 61 FORSYTH ST SW RM 6T50 ATLANTA GA 30303 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.471.	Priority creditor's name and mailing address US DEPT OF LABOR OSHA OSHA REGION 6 525 GRIFFIN ST STE 602 DALLAS TX 75202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.472.	Priority creditor's name and mailing address US DEPT OF LABOR OSHA OSHA REGION 7 TWO PERSHING SQUARE BUILDING 2300 MAIN ST STE 1010 KANSAS CITY MO 64108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.473.	Priority creditor's name and mailing address US DEPT OF LABOR OSHA OSHA REGION 9 SAN FRANCISCO FEDERAL BUILDING 90 7TH ST STE 18100 SAN FRANCISCO CA 94103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.474.	Priority creditor's name and mailing address UTAH DEPT OF AGRICULTURE AND FOOD 350 N REDWOOD RD PO BOX 146500 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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.475.	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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.476.	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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.477.	Priority creditor's name and mailing address UTAH STATE TAX COMMISSION 210 NORTH 1950 WEST SALT LAKE CITY UT 84134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.478.	Priority creditor's name and mailing address UTAH STATE TAX COMMISSION 210 NORTH 1950 WEST SALT LAKE CITY UT 84134	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,034.97	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.479.	Priority creditor's name and mailing address UTAH TREASURERS OFFICE UNCLAIMED PROPERTY DIVISION 168 N 1950 W STE 102 SALT LAKE CITY UT 84116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.480.	Priority creditor's name and mailing address VENTURA COUNTY TAX ASSESSOR 800 SOUTH VICTORIA AVE VENTURA CA 93009-1270	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.481.	Priority creditor's name and mailing address VIRGINIA DEPT OF AGRICULTURE AND CONSUMER SVC PO BOX 430 RICHMOND VA 23218-0430	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Total claim UNDETERMINED	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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2.483.	Priority creditor's name and mailing address VIRGINIA DEPT OF TAXATION OFFICE OF CUSTOMER SVC PO BOX 1115 RICHMOND VA 23218-1115 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.484.	Priority creditor's name and mailing address VIRGINIA DEPT OF TREASURY UNCLAIMED PROPERTY DIVISION 101 NORTH 14TH ST RICHMOND VA 23219 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.485.	Priority creditor's name and mailing address VIRGINIA EMPLOYMENT COMMISSION PO BOX 27592 RICHMOND VA 23261-7592 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.486.	Priority creditor's name and mailing address VIRGINIA TAX P.O. BOX 1115 RICHMOND VA 23218 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$5,534.75</td></tr></table>	Total claim	\$5,534.75	<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										
\$5,534.75										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.487.	Priority creditor's name and mailing address VIVIO, ANTHONY 4455 COLBATH AVE APARTMENT #106 SHERMAN OAKS CA 91423 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$158.70</td></tr></table>	Total claim	\$158.70	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$158.70</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$158.70	Nonpriority amount	\$0.00
Total claim										
\$158.70										
Priority amount										
\$158.70										
Nonpriority amount										
\$0.00										
2.488.	Priority creditor's name and mailing address WAKEFIELD, KATRINA L 4513 UPLAND CIR DR CONROE TX 77303 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$210.10</td></tr></table>	Total claim	\$210.10	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$210.10</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$210.10	Nonpriority amount	\$0.00
Total claim										
\$210.10										
Priority amount										
\$210.10										
Nonpriority amount										
\$0.00										

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2.489.	Priority creditor's name and mailing address WALKER, VIVIAN 68220 PERLITA RD CATHEDRAL CITY CA 92234 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$155.76</td></tr></table>	Total claim	\$155.76	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$155.76</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$155.76	Nonpriority amount	\$0.00
Total claim										
\$155.76										
Priority amount										
\$155.76										
Nonpriority amount										
\$0.00										
2.490.	Priority creditor's name and mailing address WALTON, MERCEDES D 9790 LOBLOLLY LN ROSWELL GA 30075 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$416.93</td></tr></table>	Total claim	\$416.93	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$416.93</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$416.93	Nonpriority amount	\$0.00
Total claim										
\$416.93										
Priority amount										
\$416.93										
Nonpriority amount										
\$0.00										
2.491.	Priority creditor's name and mailing address WASHINGTON COUNTY A AND T PERSONAL PROPERTY SECTION 155 NORTH FIRST AVE STE 230 MS8A HILLSBORO OR 97124 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										

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2.492.	Priority creditor's name and mailing address WASHINGTON COUNTY A AND T PERSONAL PROPERTY SECTION 14949 62ND ST N STILLWATER MN 55082 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.493.	Priority creditor's name and mailing address WASHINGTON DEPT OF LABOR AND INDUSTRIES DIRECTOR PO BOX 44000 OLYMPIA WA 98504-4000 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.494.	Priority creditor's name and mailing address WASHINGTON DEPT OF REVENUE UNCLAIMED PROPERTY SECTION PO BOX 34053 SEATTLE WA 98124-1053 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

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2.495.	Priority creditor's name and mailing address WASHINGTON STATE DEPARTMENT OF REVENUE PO BOX 47476 OLYMPIA WA 98504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,687.45	Priority amount UNDETERMINED
	Date or dates debt was incurred VARIOUS	Basis for the claim: SALES TAX		Nonpriority amount UNDETERMINED
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

2.497.	Priority creditor's name and mailing address WATTANARUNGSIKAJORN, JASON T 9454 RIDGEVIEW DR COLUMBIA MD 21046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$480.00	Priority amount \$480.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: PAID TIME OFF		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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2.501.	Priority creditor's name and mailing address WEIGHTS AND MEASURES FUND PO BOX 490 AVENEL NJ 07001 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.502.	Priority creditor's name and mailing address WENDY MAGNUS POTTAWATOMIE CO TREASURER WENDY MAGNUS 325 N BROADWAY STE 203 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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.503.	Priority creditor's name and mailing address WISCONSIN DEPARTMENT OF REVENUE PO BOX 8920 MADISON WI 53708 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SALES TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$3,006.48</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	\$3,006.48	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									
\$3,006.48	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

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2.504.	Priority creditor's name and mailing address WISCONSIN DEPT OF REVENUE 2135 RIMROCK RD MADISON WI 53713	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.505.	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	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								
2.506.	Priority creditor's name and mailing address WISCONSIN DEPT OF WORKFORCE DEVELOPMENT PO BOX 7942 MADISON WI 57307-7942	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<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										
	Date or dates debt was incurred VARIOUS	Basis for the claim: TAX								
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes								

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.507.	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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										
2.508.	Priority creditor's name and mailing address WISCONSIN STATE TREASURER UNCLAIMED PROPERTY UNIT PO BOX 2114 MADISON WI 53701-2114 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>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										
2.509.	Priority creditor's name and mailing address WITTMAN, TABBATHA RENEE 52 VALLEY FORGE RD NEW CASTLE DE 19720 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$56.96</td></tr></table>	Total claim	\$56.96	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$56.96</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$56.96	Nonpriority amount	\$0.00
Total claim										
\$56.96										
Priority amount										
\$56.96										
Nonpriority amount										
\$0.00										

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2.510.	Priority creditor's name and mailing address WRIGHT, HANNAH JOY 2450 27TH AVE SAN FRANCISCO CA 94116 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$127.82</td> </tr> </table>	Total claim	\$127.82	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$127.82</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$127.82	Nonpriority amount	\$0.00
Total claim										
\$127.82										
Priority amount										
\$127.82										
Nonpriority amount										
\$0.00										
2.511.	Priority creditor's name and mailing address YIP, JENNY 330 BERRY ST #305 SAN FRANCISCO CA 94158 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) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAID TIME OFF Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,276.25</td> </tr> </table>	Total claim	\$2,276.25	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,276.25</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,276.25	Nonpriority amount	\$0.00
Total claim										
\$2,276.25										
Priority amount										
\$2,276.25										
Nonpriority amount										
\$0.00										

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

3.1.	Nonpriority creditor's name and mailing address 23RD GROUP 4944 PARKWAY PLZ BLVD STE 400 CHARLOTTE NC 28217 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$6,465.68
3.2.	Nonpriority creditor's name and mailing address 3 FACE CONSULTING 608 SOUTH EAST 6TH ST STE 1 FORT LAUDERDALE FL 33301 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$126.14
3.3.	Nonpriority creditor's name and mailing address ACADEMY FIRE LIFE SAFETY LLC 42 BROADWAY LYNBROOK NY 11563 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,337.49

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3.4.	Nonpriority creditor's name and mailing address ACCENTURE ACCENTURE IL - LOCKBOX 29889 131 S DEARBORN 6TH FL CHICAGO IL 60603 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,777.50
3.5.	Nonpriority creditor's name and mailing address ACCOUNTING PRINCIPALS, INC DEPT CH 14031 PALATINE IL 60055-4031 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$8,728.90
3.6.	Nonpriority creditor's name and mailing address ADA COCACOLA AND DR PEPPER PO BOX 1607 ADA OK 74821 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$409.88

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3.7.	Nonpriority creditor's name and mailing address AIR AUTHORITY LLC 2554 BOARDWALK ST SAN ANTONIO TX 78217 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$373.46
3.8.	Nonpriority creditor's name and mailing address AIRGAS USA LLC CARRIE A DODSON 110 W 7TH ST STE 1400 TULSA OK 74119 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$190.53
3.9.	Nonpriority creditor's name and mailing address ALAMO CANDY CO 2738 BLANCO RD SAN ANTONIO TX 78212 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$28,680.24

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3.10.	Nonpriority creditor's name and mailing address ALBANESE CONFECTIONERY GROUP PO BOX 71885 CHICAGO IL 60694-1885 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$660,033.95
3.11.	Nonpriority creditor's name and mailing address ALDERWOOD MALL LLC SDS-12-3019 PO BOX 86 MINNEAPOLIS MN 55486-3019 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$41,621.39
3.12.	Nonpriority creditor's name and mailing address ALL VALLEY REFRIGERATION INC 21241 VENTURA BLVD STE190 WOODLAND HILLS CA 91364 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$550.00

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3.13.	Nonpriority creditor's name and mailing address ALTERNATIVE AIR LLC 3C MARY WAY HAINESPORT NJ 08036 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$5,233.99
3.14.	Nonpriority creditor's name and mailing address ALTERNATIVE AIR LLC 3C MARY WAY HAINESPORT NJ 08036 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$5,289.93
3.15.	Nonpriority creditor's name and mailing address AMAC PLASTICS PO BOX 750249 PETALUMA CA 94975 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$180.00

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3.16.	Nonpriority creditor's name and mailing address AMBIUS(28) PO BOX 14086 READING PA 19612 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$84.64
3.17.	Nonpriority creditor's name and mailing address AMERICAN SECURITY PRODUCTS CO P O BOX 317001 FONTANA CA 92331-7001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,036.00
3.18.	Nonpriority creditor's name and mailing address AMERICAN WHOLESALE LIGHTING INC 1725 ROTAN DR LIVERMORE CA 94551 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$89,748.78

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3.19.	Nonpriority creditor's name and mailing address AMER-TRANS LOGISTICS ACCOUNTS RECEIVABLE PO BOX 509 EVANSVILLE IN 47703 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,367.65
3.20.	Nonpriority creditor's name and mailing address ANNAPOLIS MALL LP PO BOX 54730 LOS ANGELES CA 90074-4730 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$59,806.76
3.21.	Nonpriority creditor's name and mailing address ARCH*MICHAEL NEUMANN 127 WEST 24TH ST 7TH FL NEW YORK NY 10011 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$6,600.00

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3.22.	Nonpriority creditor's name and mailing address ARCVISION INC DIANE GISI 1950 CRAIG RD STE 300 ST. LOUIS MO 63146 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$56,864.11
3.23.	Nonpriority creditor's name and mailing address ARDEN FAIR MALL MACERICH MGMT AS AGENT ASSOCIATES LP PO BOX 849473 LOS ANGELES CA 94739-0084 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$49,270.62
3.24.	Nonpriority creditor's name and mailing address ARROW FIRE PROTECTION INC 3330 SELDON CT STE1 FREMONT CA 94539 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$12,493.60

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3.25.	Nonpriority creditor's name and mailing address ASIAN FOOD GROCER DBA ASIAN FOOD GROCER 50 W OHIO AVE RICHMOND CA 94804 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$60,676.47
3.26.	Nonpriority creditor's name and mailing address ASTOR CHOCOLATE CORP 651 NEW HAMPSHIRE AVE LAKEWOOD NJ 08701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,535.62
3.27.	Nonpriority creditor's name and mailing address AT AND T PO BOX 5025 CAROL STREAM IL 60197-5025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$346.85

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3.28.	Nonpriority creditor's name and mailing address AT AND T MOBILITY PO BOX 6463 CAROL STREAM IL 60197 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$450.29
3.29.	Nonpriority creditor's name and mailing address ATOMIC SVC INC 2517 SOUTH CENTRAL AVE OKLAHOMA CITY OK 73129 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$25.00
3.30.	Nonpriority creditor's name and mailing address AURORA WORLD INC 8820 MERCURY LN PICO RIVERA CA 90660 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,059.26

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3.31.	Nonpriority creditor's name and mailing address AUSTIN PERMIT SVC INC 1304 EAST 7TH ST AUSTIN TX 78702 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,940.70
3.32.	Nonpriority creditor's name and mailing address B AND R FIRE AND SAFETY PO BOX 91426 LOUISVILLE KY 40291 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$30.00
3.33.	Nonpriority creditor's name and mailing address BACCI CHOCOLATE DESIGN 17 COLUMBIA ST SWAMPSCOTT MA 01907 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$24,862.63

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3.34.	Nonpriority creditor's name and mailing address BALLAST INVESTMENTS, LLC 49 POWELL ST SAN FRANCISCO CA 94102 Date or dates debt was incurred 1/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SUBLESSEE SECURITY DEPOSIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$35,733.34
3.35.	Nonpriority creditor's name and mailing address BASCOM FAMILY FARMS 56 SUGARHOUSE RD ALSTEAD NH 03602 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,709.28
3.36.	Nonpriority creditor's name and mailing address BASS FLEXIBLE PACKAGING INC 8371 213TH ST W LAKEVILLE MN 55044 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$567.60

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3.37.	Nonpriority creditor's name and mailing address BATTLEFIELD MALL 862502 RELIABLE PKWY CHICAGO IL 60686-0025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$23,255.22
3.38.	Nonpriority creditor's name and mailing address BAY ALARM CO PO BOX 7137 SAN FRANCISCO CA 94120 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$179.34
3.39.	Nonpriority creditor's name and mailing address BAY AREA PRO CLEANING INC P O BOX 30417 WALNUT CREEK CA 94598 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,340.00

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3.40.	Nonpriority creditor's name and mailing address BAYBROOK MALL LLC SDS-12-1851 PO BOX 86 MINNEAPOLIS MN 55486-1851 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$31,709.08
3.41.	Nonpriority creditor's name and mailing address BEACHWOOD PLACE MALL LLC 2701 SOLUTION CTR CHICAGO IL 60677-2007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$50,005.74
3.42.	Nonpriority creditor's name and mailing address BEAUTYMEDIA 3108 OVERRIDGE DR ANN ARBOR MI 48104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$6,494.00

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3.43.	Nonpriority creditor's name and mailing address BEQUET CONFECTIONS 8235 HUFFINE LN UNIT D BOZEMAN MT 59718 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$26,525.24
3.44.	Nonpriority creditor's name and mailing address BEST WISDOM TECHNOLOGY, LLC MANAGER 71 POWELL ST 2ND FLOOR SAN FRANCISCO CA 94102 Date or dates debt was incurred 6/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SUBLESSEE SECURITY DEPOSIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$174,360.87
3.45.	Nonpriority creditor's name and mailing address BILLIE ANN PLASTICS PACKAGING CORP MATHEW RUBINSTEIN 360 TROUTMAN ST BROOKLYN NY 11237 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$83,688.22

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3.46.	Nonpriority creditor's name and mailing address BLUE MOOSE SWEET SHOPPE 440 W 200 N #1 BOUNTIFUL UT 84010 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$8,424.00
3.47.	Nonpriority creditor's name and mailing address BOISE MALL LLC NEW SDS123074 PO BOX 86 MINNEAPOLIS MN 55486 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$35,687.73
3.48.	Nonpriority creditor's name and mailing address BOSTON AMERICA 55 SIXTH RD UNIT #8 WOBURN MA 01801 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$31,994.40

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3.49.	Nonpriority creditor's name and mailing address BRIDGEWATER COMMONS MALL II LLC SDS-12-2893 PO BOX 86 MINNEAPOLIS MN 55486-2893 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$66,751.71
3.50.	Nonpriority creditor's name and mailing address BRITISH WHOLESALE IMPORTS INC 5711 CORSA AVE WESTLAKE VILLAGE CA 91362 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,591.13
3.51.	Nonpriority creditor's name and mailing address CANDY PEOPLE LLC 660 N CENTRAL EXPWY STE 240 PLANO TX 75074 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$69.00

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3.52.	Nonpriority creditor's name and mailing address CBIZ CMF LLC 325 CHESTNUT ST STE 410 PHILADELPHIA PA 19106 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$59,698.19
3.53.	Nonpriority creditor's name and mailing address CELEBRITY GOURMET VENTURES INC CELEBRITY CAKE STUDIO 314 E 26TH ST TACOMA WA 98421 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$345.00
3.54.	Nonpriority creditor's name and mailing address CELLO PARTNERS, INC SJ KELLERMAN AND ASSOCIATES PO BOX 1167 APTOS CA 95001-1167 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$18,750.00

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3.55.	Nonpriority creditor's name and mailing address CENTRAL MALL LAWTON MANAGEMENT OFFICE 100 CENTRAL MALL LAWTON OK 73501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$10,836.00
3.56.	Nonpriority creditor's name and mailing address CENTRAL MALL REALTY HOLDING LLC 2259 SOUTH 9TH ST SALINA KS 67401 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$15,375.72
3.57.	Nonpriority creditor's name and mailing address CHOCOLATE CHOCOLATE CHOCOLATE CO ACCOUNTS RECEIVABLE 5025 PATTISON AVE SAINT LOUIS MO 63110 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$5,963.25

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3.58.	Nonpriority creditor's name and mailing address CHOCOLATE STORYBOOK 1000 GRAND AVE WEST DES MOINES IA 50265 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$25.44
3.59.	Nonpriority creditor's name and mailing address CHRISTIANA MALL LLC SDS-12-3026 PO BOX 86 MINNEAPOLIS MN 55486-3026 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$84,622.39
3.60.	Nonpriority creditor's name and mailing address CHRISTOPHER ELBOW CHOCOLATES LLC 2403 SOUTHWEST BLVD KANSAS CITY MO 64108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$82,024.78

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3.61.	Nonpriority creditor's name and mailing address CINTAS CORP PO BOX 650838 DALLAS TX 75265-0838 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$392.60
3.62.	Nonpriority creditor's name and mailing address CINTAS FIRE 636525 PO BOX 636525 CINCINNATI OH 45263-6525 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$213.72
3.63.	Nonpriority creditor's name and mailing address CITY CLERKS OFFICE NORMAN OK PO BOX 370 NORMAN OK 73070 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$50.00

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3.64.	Nonpriority creditor's name and mailing address CITY OF DURHAM FIRE DEPT PO BOX 935667 ATLANTA GA 31193-5667 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$65.44
3.65.	Nonpriority creditor's name and mailing address CITY OF ROSEVILLE 8839 N CEDAR AVE #212 FRESNO CA 93720 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$472.85
3.66.	Nonpriority creditor's name and mailing address CITY OF SEATTLE PO BOX 35178 SEATTLE WA 98124-5178 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$425.77

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3.67.	Nonpriority creditor's name and mailing address CKITCHENCOM 2237 NEW YORK AVE BROOKLYN NY 11234 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$7,953.00
3.68.	Nonpriority creditor's name and mailing address CLACKAMAS TOWN CENTER PO BOX 860117 MINNEAPOLIS MN 55486-0117 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$45,867.92
3.69.	Nonpriority creditor's name and mailing address CLOUD DESTINATIONS LLC BISHOP RANCH 3 2603 CAMINO RAMON STE 200 SAN RAMON CA 94583 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$9,792.00

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3.70.	Nonpriority creditor's name and mailing address COCA COLA OF OMAHA 4700 S LEWIS BLVD SIOUX CITY IA 51106-9516 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$660.01
3.71.	Nonpriority creditor's name and mailing address COCA COLA SOUTHWEST BEVERAGES PO BOX 744010 ATLANTA GA 30384-4010 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,064.39
3.72.	Nonpriority creditor's name and mailing address COMED PO BOX 6111 CAROL STREAM IL 60197-6111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,559.10

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3.73.	Nonpriority creditor's name and mailing address CONNOR GROUP GLOBAL SERVICES, LLC DEPT 3748 PO BOX 123748 DALLAS TX 75312-3748 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$134,140.04
3.74.	Nonpriority creditor's name and mailing address CONSOLIDATED COMMUNICATIONS PO BOX 66523 SAINT LOUIS MO 63166-6523 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$120.54
3.75.	Nonpriority creditor's name and mailing address CORACAO CONFECTIONS INC 1175 30TH ST OAKLAND CA 94608 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,310.00

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3.76.	Nonpriority creditor's name and mailing address CORONADO CENTER LLC PO BOX 776723 CHICAGO IL 60677 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$17,271.74
3.77.	Nonpriority creditor's name and mailing address COSTCO WHOLESALE ONLINE STORE DEPOSIT SLIP 999 LAKE DR ISSAQUAH WA 98027 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$45.11
3.78.	Nonpriority creditor's name and mailing address COX, CASTLE AND NICHOLSON LLP 2029 CENTURY PK EAST STE 2100 LOS ANGELES CA 90067 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,937.50

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3.79.	Nonpriority creditor's name and mailing address CPS ENERGY PO BOX 2678 SAN ANTONIO TX 78289-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$827.20
3.80.	Nonpriority creditor's name and mailing address CRISPERY OF VIRGINIA LLC* THE THE CRISPERY STEVEN SOLDINGER 2728 STERLING POINT DR PORTSMOUTH VA 23703 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$12,764.79
3.81.	Nonpriority creditor's name and mailing address CUSHMAN AND WAKEFIELD 425 MARKET ST STE 2300 SAN FRANCISCO CA 94105 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$84,393.58

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3.82.	Nonpriority creditor's name and mailing address CUSTODIA FREIGHT SVC INC PO BOX 41150 PASADENA CA 91114 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,886.40
3.83.	Nonpriority creditor's name and mailing address DANDELION CHOCOLATE 740 VALENCIA ST SAN FRANCISCO CA 94110 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$12,915.00
3.84.	Nonpriority creditor's name and mailing address DANDY COTTON CANDY 387 MAGNOLIA AVE STE 103-524 CORONA CA 92879 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$15,948.96

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3.85.	Nonpriority creditor's name and mailing address DEBBAS GOURMET LLC 2794 N LARKIN AVE FRESNO CA 93727 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$201,961.70
3.86.	Nonpriority creditor's name and mailing address DELL BUSINESS CREDIT PAYMENT PROCESSING CENTER PO BOX 5275 CAROL STREAM IL 60197-5275 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$655.53
3.87.	Nonpriority creditor's name and mailing address DICK TAYLOR CRAFT CHOCOLATE 4 WEST 4TH ST EUREKA CA 95501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$24,487.51

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3.88.	Nonpriority creditor's name and mailing address DIVINE DELIGHTS 1250 HOLM RD PETALUMA CA 94954 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$643.37
3.89.	Nonpriority creditor's name and mailing address DTCS C-15 LLC ATTN PROPERTY MANAGEMENT 201 NORTH PALM CANYON DR PALM SPRINGS CA 92262 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$11,565.72
3.90.	Nonpriority creditor's name and mailing address DUERR PACKAGING CO INC 892 STEUBENVILLE PIKE BURGETTSTOWN PA 15021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$19,888.24

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3.91.	Nonpriority creditor's name and mailing address DUKE ENERGY PO BOX 70516 CHARLOTTE NC 28272-0516 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$486.15
3.92.	Nonpriority creditor's name and mailing address ECHELON FINE PRINTING ACCOUNTS RECEIVABLE 1885 NORTHWAY DR NORTH MANKATO MN 56003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$192,122.32
3.93.	Nonpriority creditor's name and mailing address ELDER JONES BUILDING PERMIT SVC INC 1120 EAST 80TH ST STE211 BLOOMINGTON MN 55420 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$7,787.91

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3.94.	Nonpriority creditor's name and mailing address ELDORADO FORKLIFT CO PO BOX 1163 SAN CARLOS CA 94070 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$117.16
3.95.	Nonpriority creditor's name and mailing address EMERALD CITY PROMOTIONS LLC 2741 72ND AVE SE MERCER ISLAND WA 98040 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$355.20
3.96.	Nonpriority creditor's name and mailing address ENCORE SOFTWARE SERVICES, INC 226 AIRPORT PKWY STE 310 SAN JOSE CA 95110-3700 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$17,037.00

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3.97.	Nonpriority creditor's name and mailing address ENERGYWORKS LANCASTER, LLC PO BOX 6203 HERMITAGE PA 16148-0922 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,249.85
3.98.	Nonpriority creditor's name and mailing address ENSTROM CANDIES INC MARIE SHOPE 701 COLORADO AVE GRAND JUNCTION CO 81501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$59.04
3.99.	Nonpriority creditor's name and mailing address ENTERGY PO BOX 8104 BATON ROUGE LA 70891-8104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$448.34

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3.100.	Nonpriority creditor's name and mailing address ESTELLA LI-MING LEE 252 SAN FERNANDO WAY DALY CITY CA 94015 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$6,000.00
3.101.	Nonpriority creditor's name and mailing address EVERSOURCE PO BOX 660369 DALLAS TX 75266-0369 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,656.12
3.102.	Nonpriority creditor's name and mailing address FAIRFAX CO OF VIRGINIA LLC DEPARTMENT 56501 PO BOX 67000 DETROIT MI 48267-0565 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$55,356.81

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3.103.	Nonpriority creditor's name and mailing address FASHION OUTLETS OF CHICAGO LLC PO BOX 848927 LOS ANGELES CA 90084-8927 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$77,153.44
3.104.	Nonpriority creditor's name and mailing address FASHION PLACE LLC SDS-12-2780 PO BOX 86 MINNEAPOLIS MN 55486-2780 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$59,179.48
3.105.	Nonpriority creditor's name and mailing address FASHION SHOW MALL LLC SDS-12-2773 PO BOX 86 MINNEAPOLIS MN 55486-2773 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$48,203.86

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3.106.	Nonpriority creditor's name and mailing address FASTMETRICS PO BOX 77267 SAN FRANCISCO CA 94107 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,012.10
3.107.	Nonpriority creditor's name and mailing address FB WASHBURN CANDY 137 PERKINS AVE BROCKTON MA 02302 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$5,076.00
3.108.	Nonpriority creditor's name and mailing address FEDEX PO BOX 7221 PASADENA CA CA 91109-7321 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$62,319.02

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3.109.	Nonpriority creditor's name and mailing address FIAT BUSINESS DEVELOPMENT, LLC 9 EWAN TER VINELAND NJ 08360 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$7,000.00
3.110.	Nonpriority creditor's name and mailing address FIKA ACQUISITIONS LLC 824 10TH AVE NEW YORK NY 10019 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$9,403.50
3.111.	Nonpriority creditor's name and mailing address FINN DANIELS INC 2145 FORD PKWY STE 301 SAINT PAUL MN 55116 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$99,190.55

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3.112.	Nonpriority creditor's name and mailing address FIRST COLONY MALL LLC PO BOX 86 MINNEAPOLIS MN 55486-3112 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$47,737.68
3.113.	Nonpriority creditor's name and mailing address FIRST SOURCE VA 3612 LAGRANGE PKWY TOANO VA 23168 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$862,539.13
3.114.	Nonpriority creditor's name and mailing address FIRSTLEASE 1 WALNUT GROVE DR STE 300 HORSHAM PA 19044 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,816.08

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3.115.	Nonpriority creditor's name and mailing address FRANKFURT KURNIT KLEIN AND SELZ 488 MADISON AVE NEW YORK NY 10022 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,805.00
3.116.	Nonpriority creditor's name and mailing address FRONTIER COMMUNICATIONS PO BOX 740407 CINCINNATI OH 45274-0407 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$236.04
3.117.	Nonpriority creditor's name and mailing address G AND J HOLDINGS 135 LUNDQUIST DR BRAINTREE MA 02184 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$295,052.61

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3.118.	Nonpriority creditor's name and mailing address GARDA WORLD GARDA CL WEST INC LOCKBOX233209 3209 MOMENTUM PL CHICAGO IL 60689-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$6,616.93
3.119.	Nonpriority creditor's name and mailing address GARDEN STATE PLAZA PO BOX 56816 LOS ANGELES CA 90074-6816 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$96,533.86
3.120.	Nonpriority creditor's name and mailing address GGP MAINE MALL LLC 7846 SOLUTION CTR CHICAGO IL 60677-7008 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$74,756.73

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3.121.	Nonpriority creditor's name and mailing address GGP PROVIDENCE PLACE LLC SDS-12-3060 PO BOX 86 MINNEAPOLIS MN 55486-3060 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$49,710.77
3.122.	Nonpriority creditor's name and mailing address GIAMBRI'S QUALITY SWEETS INC 26 BRAND AVE CLEMENTON NJ 08021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$7,237.74
3.123.	Nonpriority creditor's name and mailing address GIANNELLA, RACHEL 24 BIRCHWOOD LN HALEDON NJ 07508 Date or dates debt was incurred 4/26/2018 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WORKERS' COMPENSATION CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNDETERMINED

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3.124.	Nonpriority creditor's name and mailing address GIANT GUMMY BEARS OF RALEIGH LLC PO BOX 99369 RALEIGH NC 27624 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,852.00
3.125.	Nonpriority creditor's name and mailing address GIFT CARD LIABILITY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GIFT CARD LIABILITY - ALL CARDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$226,621.65
3.126.	Nonpriority creditor's name and mailing address GLASSDOOR, INC DEPARTMENT 3436 PO BOX 123436 DALLAS TX 75312-3436 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,312.50

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3.127.	Nonpriority creditor's name and mailing address GLENDALE MALL ASSOCIATES LLC PO BOX 860116 MINNEAPOLIS MN 55486 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$54,192.76
3.128.	Nonpriority creditor's name and mailing address GLORYBEE NATURAL SWEETENERS INC PO BOX 35142 #1015 SEATTLE WA 98124-5142 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,250.00
3.129.	Nonpriority creditor's name and mailing address GMV CHOCOLATIER 6665 COTE DE LIESSE ST-LAURENT MONTREAL QC H4T 1Z5 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$19,697.76

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3.130.	Nonpriority creditor's name and mailing address GOODIO INC 470 RAMONA ST PALO ALTO CA 94301 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$5,406.00
3.131.	Nonpriority creditor's name and mailing address GRANITE TELECOMMUNICATIONS CLIENT ID# 311 PO BOX 983119 BOSTON MA 02298-3119 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$61.03
3.132.	Nonpriority creditor's name and mailing address GRANITE TELECOMMUNICATIONS CLIENT ID# 311 PO BOX 983119 BOSTON MA 02298-3119 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$42,893.37

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3.133.	Nonpriority creditor's name and mailing address GREAT SCOT INTERNATIONAL PETER WILSON 8041 ARROWRIDGE BLVD STE 1 CHARLOTTE NC 28273 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$11,140.92
3.134.	Nonpriority creditor's name and mailing address GREEN HILLS MALL TRG LLC PO BOX 674523 DETROIT MI 48267 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$18,144.00
3.135.	Nonpriority creditor's name and mailing address GS PORTFOLIO HOLDINGS LLC PO BOX 860447 MINNEAPOLIS MN 55486-0447 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$5,757.24

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3.136.	Nonpriority creditor's name and mailing address HEARTLAND COCACOLA BOTTLING CO LLC PO BOX74008600 CHICAGO IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,042.53
3.137.	Nonpriority creditor's name and mailing address HERTEL*RYAN RONALD 7844 SW SKYHAR DR PORTLAND OR 97223 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$354.00
3.138.	Nonpriority creditor's name and mailing address HISHMEH*MAHA 1311 NINA CT MCLEAN VA 22101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$32.28

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3.139.	Nonpriority creditor's name and mailing address HOLLWEG ASSESSMENT PARTNERS LLC 1341 W MOCKINGBIRD LN STE 700W DALLAS TX 75247 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,750.00
3.140.	Nonpriority creditor's name and mailing address HORIZON RETAIL CONSTRUCTION INC 9999 E EXPLORATION CT STURTEVANT WI 53177 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$239,783.38
3.141.	Nonpriority creditor's name and mailing address HOSODA BROS INC 1444 TENNESSEE ST SAN FRANCISCO CA 94107 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,840.20

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3.142.	Nonpriority creditor's name and mailing address HOUSE OF DORCHESTER 1714 WILMINGTON AVE RICHMOND VA 23227 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,580.00
3.143.	Nonpriority creditor's name and mailing address HOUSE SINCLAIR 2301 EAST 7TH ST STE A344 LOS ANGELES CA 90023 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$137,421.88
3.144.	Nonpriority creditor's name and mailing address HUNT ELECTRIC INC 1863 W ALEXANDER ST SALT LAKE CITY UT 84119 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$587.60

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3.145.	Nonpriority creditor's name and mailing address INCORP SVC INC PO BOX 94438 LAS VEGAS NV 89193 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$150.00
3.146.	Nonpriority creditor's name and mailing address INFORUS, INC PO BOX 847798 LOS ANGELES CA 90084-7798 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,475.00
3.147.	Nonpriority creditor's name and mailing address INNOVATIVE TECHNOLOGIES PO BOX 6080 ALBANY CA 94706 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$66.67

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3.148.	Nonpriority creditor's name and mailing address JACKS CANDY 777 S CENTRAL AVE LOS ANGELES CA 90221 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$69,309.46
3.149.	Nonpriority creditor's name and mailing address JACOBSEN SALT CO 602 SE SALMON ST PORTLAND OR 97214 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$972.69
3.150.	Nonpriority creditor's name and mailing address JDL INC 3060 E POST RD STE140 LAS VEGAS NV 89120 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$135.00

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3.151.	Nonpriority creditor's name and mailing address JELLY BELLY CANDY CO PO BOX 742799 LOS ANGELES CA 90074 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$51,118.18
3.152.	Nonpriority creditor's name and mailing address JOHNSON COUNTY WASTEWATER PO BOX 219948 KANSAS CITY MO 64121-9948 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$28.51
3.153. ¹	Nonpriority creditor's name and mailing address JONES, LARISSA 741 HILL CHURCH RD BOYERTOWN PA 19512 Date or dates debt was incurred 5/11/18 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WORKERS' COMPENSATION CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNDETERMINED

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3.154.	Nonpriority creditor's name and mailing address JORDAN CREEK TOWN CENTER SDS-12-2423 PO BOX 86 MINNEAPOLIS MN 55486-2423 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$102,542.89
3.155.	Nonpriority creditor's name and mailing address KANSAS CANDY AND TOBACCO 4430 W 29TH CIR SOUTH WICHITA KS 67215 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,274.28
3.156.	Nonpriority creditor's name and mailing address KANSAS FIRE AND SAFETY EQUIPMENT PO BOX 8004 TOPEKA KS 66608 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$43.20

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3.157.	Nonpriority creditor's name and mailing address KATERRA RENOVATIONS LLC 3200 EARHART DR CARROLLTON TX 75006 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,931,003.01
3.158.	Nonpriority creditor's name and mailing address KENWOOD MALL LLC SDS-12-3080 PO BOX 86 MINNEAPOLIS MN 55486-3080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$58,251.12
3.159.	Nonpriority creditor's name and mailing address KETER ENVIRONMENTAL SVCS INC K BREEN 4 HIGH RIDGE PARK STE 202 STAMFORD CT 06905 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$10,965.01

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3.160.	Nonpriority creditor's name and mailing address KING OF PRUSSIA ASSOCIATES P O BOX 829412 PHILADELPHIA PA 19182-9412 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$75,143.49
3.161.	Nonpriority creditor's name and mailing address KNOTT FAMILY LIMITED PARTNERSHIP 17150 SCOTT DR MONTE SERENO CA 95030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$5,398.45
3.162.	Nonpriority creditor's name and mailing address KNOTT FAMILY LIMITED PARTNERSHIP LOS GATOS SWEET TOOTH INC 17150 SCOTT DRIVE MONTE SERANO CA 95030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PURCHASE OF LOS GATOS STORE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$42,173.22

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3.163.	Nonpriority creditor's name and mailing address KOPPERS CHOCOLATE LLC 10 EXCHANGE PL STE 2800 JERSEY CITY NJ 07302 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$17,500.00
3.164.	Nonpriority creditor's name and mailing address KPE ENGINEERS-ARCHITECTS FORENSIC EXPERTS 1501 JF KENNEDY DR BELLEVUE NE 68005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$32,942.50
3.165.	Nonpriority creditor's name and mailing address KURR WINDOW CLEANING PO BOX 983 BROKEN ARROW OK 74013 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$30.00

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3.166.	Nonpriority creditor's name and mailing address LADWP PO BOX 30808 LOS ANGELES CA 90030-0808 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,931.11
3.167.	Nonpriority creditor's name and mailing address LANDMARK RETAIL CORP 24 NEWARK POMPTON TPKE BLDG B LITTLE FALL NJ 07424 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$62,134.12
3.168.	Nonpriority creditor's name and mailing address LBB IMPORTS LLC PO BOX 41047 BATON ROUGE LA 70835 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$15,605.29

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3.169.	Nonpriority creditor's name and mailing address LE BELGE CHOCOLATIER 761 SKYWAY CT NAPA CA 94558 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$124,266.92
3.170.	Nonpriority creditor's name and mailing address LEGACY AIR HVAC LLC 3529 EAST WOOD ST PHOENIX AZ 85040 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$7,182.10
3.171.	Nonpriority creditor's name and mailing address LEHIGH VALLEY ASSOCIATE MALL AT LEHIGH VALLEY ELECTRIC PO BOX 829428 PHILADELPHIA PA 19182-9428 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$977.01

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3.172.	Nonpriority creditor's name and mailing address LEHIGH VALLEY MALL LLC PO BOX 829446 PHILADELPHIA PA 19182-9446 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$34,153.54
3.173.	Nonpriority creditor's name and mailing address LENNOX NATIONAL ACCOUNT SVC PO BOX 731627 DALLAS TX 75373 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$16,115.68
3.174.	Nonpriority creditor's name and mailing address LEO LEO GELATO 911 21ST ST PASO ROBLES CA 93446 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$6,256.00

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3.175.	Nonpriority creditor's name and mailing address LIGHTHOUSE SVC INC 1710 WALTON RD STE 204 BLUE BELL PA 19422 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$840.00
3.176.	Nonpriority creditor's name and mailing address LITTLE STINKER LLC 4031 FM 1463 RD STE40209 KATY TX 77494 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$70,400.00
3.177.	Nonpriority creditor's name and mailing address LITTLE WAISTED LLC DBA BAKERY BLING 1160 CALLE CORDILLERA SAN CLEMENTE CA 92673 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$12,125.96

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3.178.	Nonpriority creditor's name and mailing address LIVING RAW PO BOX 881 CYPRESS TX 77410 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$296.00
3.179.	Nonpriority creditor's name and mailing address LOLLI AND POPS, INC. 4 EMBARCADERO CENTER SUITE 780 SAN FRANCISCO CA 94111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$160,027.78
3.180.	Nonpriority creditor's name and mailing address LUSH FOODS LLC FEDERICO MURTAGH 1817 POLK ST SAN FRANCISCO CA 94109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$7,845.50

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3.181.	Nonpriority creditor's name and mailing address MALL OF LOUISIANA LLC SDS-12-2440 PO BOX 86 MINNEAPOLIS MN 24405-5486 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$54,497.39
3.182.	Nonpriority creditor's name and mailing address MALL ST MATTHEWS SDS-12-2771 PO BOX 86 MINNEAPOLIS MN 55486-2771 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$71,866.07
3.183.	Nonpriority creditor's name and mailing address MANAGEMENT RESOURCE SYSTEMS, INC. 1907 BAKER RD HIGH POINT NC 27263 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$124,315.03

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3.184.	Nonpriority creditor's name and mailing address MANAGEMENT RESOURCES SYSTEMS INC 1907 BAKER RD HIGH POINT NC 27263 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$104,315.03
3.185.	Nonpriority creditor's name and mailing address MARIGOLD INC 28928 NETWORK PL CHICAGO IL 60673 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$60,412.20
3.186.	Nonpriority creditor's name and mailing address MARIGOLD INC 28928 NETWORK PL CHICAGO IL 60673 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCRUED LIABILITY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$48,800.00

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3.187.	Nonpriority creditor's name and mailing address MATHESON TRI-GAS INC DEPT 3028 PO BOX 123028 PO BOX 123028 DALLAS TX 75312 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$159.81
3.188.	Nonpriority creditor's name and mailing address MAYFAIR MALL LLC PO BOX 772816 CHICAGO IL 60677-2816 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$46,396.25
3.189.	Nonpriority creditor's name and mailing address MCG ARCHITECTURE MERCY BALICUDIONG 250 SUTTER ST STE 500 SAN FRANCISCO CA 94108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,630.00

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3.190.	Nonpriority creditor's name and mailing address MCSTEVENS INC 5600 NE 88TH ST VANCOUVER WA 98665 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$9,798.48
3.191.	Nonpriority creditor's name and mailing address MELVILLE CANDY CO 28 YORK AVE RANDOLPH MA 02368-1828 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$11,941.20
3.192.	Nonpriority creditor's name and mailing address METRO SVC SOLUTIONS 2929 EXPRESSWAY DR NORTH STE 300 B ISLANDIA NY 11749 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$15,313.96

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3.193.	Nonpriority creditor's name and mailing address MEXIBRANDS 7 SWITCHBUD PL STE 192 417 SPRING TX 77380 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,497.46
3.194.	Nonpriority creditor's name and mailing address MINKS*WILLIAM 342 CHATEAU LA SALLE SAN JOSE CA 95111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$561.60
3.195.	Nonpriority creditor's name and mailing address MJC CONFECTIONS DBA HAMPTON POPCORN 225 WEST 35TH ST 10TH FL NEW YORK NY 10001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$26,803.96

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3.196.	Nonpriority creditor's name and mailing address MODERN CONSTRUCTION INC SAN FRANCISCO 22 BATTERY ST STE 313 SAN FRANCISCO CA 94111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$16,800.00
3.197.	Nonpriority creditor's name and mailing address MONTGOMERY COUNTY HEALTH DEPT 501 N THOMPSON STE 100 CONROE TX 77301 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$200.00
3.198.	Nonpriority creditor's name and mailing address MONTGOMERY MALL OWNER LLC PO BOX 54738 LOS ANGELES CA 90074-4738 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$67,959.80

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3.199.	Nonpriority creditor's name and mailing address MOONSTRUCK CHOCOLATE CO UMPQUA BANK PO BOX 35142 #1008 SEATTLE WA 98124-5142 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,532.00
3.200.	Nonpriority creditor's name and mailing address MORGAN SAMUELS COMPANY, LLC LBMC W SQUARED PO BOX 5168 BRENTWOOD TN 37024 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$35,256.96
3.201.	Nonpriority creditor's name and mailing address MORRIS, KERI 444 ELM ST DENVER CO 80220 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GUARANTEED BONUS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$18,904.11

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3.202.	Nonpriority creditor's name and mailing address MULTI-COLOR CORP PO BOX 642495 PITTSBURGH PA 15264 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$52,327.52
3.203.	Nonpriority creditor's name and mailing address MURNANE SPECIALTIES INC PO BOX 7741 CAROL STREAM IL 60197 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$13,418.62
3.204.	Nonpriority creditor's name and mailing address NATICK MALL LLC SDS-12-3111 PO BOX 86 MINNEAPOLIS MN 55486-3111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$66,663.11

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3.205.	Nonpriority creditor's name and mailing address NATIONWIDE SECURITY SVC INC 208 BROADWAY MALDEN MA 02148 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,005.00
3.206.	Nonpriority creditor's name and mailing address NELMAR SECURITY PACKAGING SYSTEMS INC 3100 DES BATISSEURS ST TERREBONNE QC J6Y 0A2 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$681.00
3.207.	Nonpriority creditor's name and mailing address NEW ZEALAND NATURAL GOODS 1601 N SEPULVEDA BLVD #768 MANHATTAN BEACH CA 90266 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,820.80

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3.208.	Nonpriority creditor's name and mailing address NOA BRANDS AMERICA 1460 OVERLOOK DR LAFAYETTE CO 80026 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$112,980.78
3.209.	Nonpriority creditor's name and mailing address NORTH POINT MALL LLC SDS-12-3051 PO BOX 86 MINNEAPOLIS MN 30515-5486 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$33,969.68
3.210.	Nonpriority creditor's name and mailing address NORTH STAR MALL LLC SDS-12-2770 PO BOX 86 MINNEAPOLIS MN 55486-2770 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$47,988.63

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3.211.	Nonpriority creditor's name and mailing address NORTHRIDGE FASHION CENTER SDS-12-1664 PO BOX 86 MINNEAPOLIS MN 55486-1664 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$30,753.23
3.212.	Nonpriority creditor's name and mailing address NORTON ROSE FULBRIGHT US LLP DEPT 2613 PO BOX 122613 DALLAS TX 75312-2613 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$9,279.00
3.213.	Nonpriority creditor's name and mailing address NOSHI LLC TOMASION LETHBRIDGE 57 W 10TH ST PH NEW YORK NY 10011 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$195.00

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3.214.	Nonpriority creditor's name and mailing address OAK PARK MALL LLC PO BOX 531791 ATLANTA GA 30353-1791 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$59,907.25
3.215.	Nonpriority creditor's name and mailing address OAKBROOK SHOPPING CENTER LLC SDS-12-2892 PO BOX 86 MINNEAPOLIS MN 55486-2892 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$52,655.43
3.216.	Nonpriority creditor's name and mailing address OAKRIDGE MALL LLC PO BOX 55714 LOS ANGELES CA 90074-5714 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$55,367.92

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3.217.	Nonpriority creditor's name and mailing address OGLETREE, DEAKINS, NASH, SMOAK AND STEWART PO BOX 89 COLUMBIA SC 29202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$10,782.34
3.218.	Nonpriority creditor's name and mailing address ORIGINAL GOURMET 52 STILES RD STE 201 SALEM NH 03079 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$6,916.80
3.219.	Nonpriority creditor's name and mailing address ORKIN EXTERMINATING CO INC PO BOX 1504 ATLANTA GA 30301-1504 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$10,358.64

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3.220.	Nonpriority creditor's name and mailing address OSCARTEK 361-367 BEACH RD BURLINGAME CA 94010 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$10,945.00
3.221.	Nonpriority creditor's name and mailing address OUI OUI MACARON LLC CANDYBAR CATERING 2200 JERROLD AVE STE C SAN FRANCISCO CA 94124 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,039.00
3.222.	Nonpriority creditor's name and mailing address OXMOOR CENTER SDS-12-3059 PO BOX 86 MINNEAPOLIS MN 55486-3059 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$86,651.34

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3.223.	Nonpriority creditor's name and mailing address PAJAMA SWEETS 5242 MILLER AVE DALLAS TX 75206 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,564.00
3.224.	Nonpriority creditor's name and mailing address PARK CITY CENTER BUSINESS TRUST SDS-12-1641 PO BOX 86 MINNEAPOLIS MN 55486-1641 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$24,854.56
3.225.	Nonpriority creditor's name and mailing address PARK MEADOWS MALL LLC SDS-12-3096 PO BOX 86 MINNEAPOLIS MN 55486-3096 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$83,607.29

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3.226.	Nonpriority creditor's name and mailing address PAXION CAPITAL LP 2400 SAND HILL RD STE 100 MENLO PARK CA 94025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PRE-PETITION LOAN Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$7,160,027.78
3.227.	Nonpriority creditor's name and mailing address PEARL RESOURCING LLC 1920 MCKINNEY AVE FLR 7 DALLAS TX 75201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$137,917.75
3.228.	Nonpriority creditor's name and mailing address PELICAN BAY LTD 150 DOUGLAS AVE DUNEDIN FL 34698 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$91.80

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3.229.	Nonpriority creditor's name and mailing address PENN SQUARE MALL 32122 COLLECTION CTR DR CHICAGO IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$29,629.74
3.230.	Nonpriority creditor's name and mailing address PEPPER CREEK FARMS LLC 1002 SW ARD ST LAWTON OK 73505 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$722.40
3.231.	Nonpriority creditor's name and mailing address PERIMETER MALL LLC PO BOX 860381 MINNEAPOLIS MN 55486-0381 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$51,093.56

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3.232.	Nonpriority creditor's name and mailing address PERMIT RESOURCES INC PO BOX 3749 MISSION VIEJO CA 92690 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,906.59
3.233.	Nonpriority creditor's name and mailing address PEZ CANDY INC GENERAL POST OFFICE PO BOX 30087 NEW YORK NY 10087-0087 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$35,966.76
3.234.	Nonpriority creditor's name and mailing address PRO ACOUSTICS LLC PO BOX 1185 SALADO TX 76571 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,358.88

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3.235.	Nonpriority creditor's name and mailing address PROFESSIONAL IMAGE INC 12437 E 60TH ST TULSA OK 74146 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,552.08
3.236.	Nonpriority creditor's name and mailing address PSE AND G CO PO BOX 14444 NEW BRUNSWICK NJ 08906-4444 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,492.55
3.237.	Nonpriority creditor's name and mailing address PUGET SOUND ENERGY PO BOX 91269 BELLEVUE WA 98009-9269 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,116.19

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3.238.	Nonpriority creditor's name and mailing address PURE SUGAR LLC 89 CROSS ST HOLLISTON MA 01746 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,829.40
3.239.	Nonpriority creditor's name and mailing address QUAIL SPRINGS MALL LLC PO BOX 775773 CHICAGO IL 60677-5773 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$41,685.53
3.240.	Nonpriority creditor's name and mailing address QUALITY BAGS 575 S VISTA AVE ADDISON IL 60101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$5,808.20

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3.241.	Nonpriority creditor's name and mailing address QUINN*MACKENZIE 27485 VELADOR MISSION VIEJO CA 92691 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$111.20
3.242. ¹	Nonpriority creditor's name and mailing address RAMIREZ-ALVARADO, SERGIO D 2395 ROCK SLIDE CIR LAS VEGAS NV 89115 Date or dates debt was incurred 7/7/2019 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: WORKERS' COMPENSATION CLAIM Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.243.	Nonpriority creditor's name and mailing address RAPID POS 8555 AERO DR STE 310 SAN DIEGO CA 92123 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$72,151.27

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3.244.	Nonpriority creditor's name and mailing address RAVICO USA LLC PO BOX 19 RIDERWOOD MD 21139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$114,071.43
3.245.	Nonpriority creditor's name and mailing address RECOLOGY GOLDEN GATE PO BOX 60846 LOS ANGELES CA 90060 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,332.76
3.246.	Nonpriority creditor's name and mailing address REDSTONE FOODS INC 1434 PATTON PL STE 106 CARROLLTON TX 75007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,905.04

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3.247.	Nonpriority creditor's name and mailing address REED SMITH LLP DEPARTMENT 33489 PO BOX 39000 SAN FRANCISCO CA 94139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$74,231.81
3.248.	Nonpriority creditor's name and mailing address RELEX SOLUTIONS INC BGBC PARTNERS LLP 300 N MERIDIAN ST STE 1100 INDIANAPOLIS IN 46204 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$33,000.00
3.249.	Nonpriority creditor's name and mailing address RELIANT ENERGY PO BOX 650475 DALLAS TX 75265-0475 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,977.31

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3.250.	Nonpriority creditor's name and mailing address RETAIL CONTRACTING GROUP INC 3880 LAVERNE AVE N STE 215 LAKE ELMO MN 55042-8606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$386,003.70
3.251.	Nonpriority creditor's name and mailing address RETAIL NEXT 60 S MARKET ST 10TH FL SAN JOSE CA 95113 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$51,905.44
3.252.	Nonpriority creditor's name and mailing address RETAIL RADIO SPECTRIO 4033 TAMPA RD STE 103 OLDSMAR FL 34677 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$11,736.64

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3.253.	Nonpriority creditor's name and mailing address RGIS LLC TRAVIS MCINTYRE 2000 E TAYLOR RD STE 200 AUBURN HILLS MI 48326 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$43,943.89
3.254.	Nonpriority creditor's name and mailing address RIDGEDALE CENTER 1200 ENERGY PK DR LOCKBOX SDS-12-2774 ST PAUL MN 55108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$52,157.17
3.255.	Nonpriority creditor's name and mailing address RMB DEVELOPMENT CONSULTANTS INC 308 EAST MEADOW AVE EAST MEADOW NY 11554 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,050.00

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3.256.	Nonpriority creditor's name and mailing address ROSEVILLE SHOPPINGTOWN LLC PO BOX 743659 LOS ANGELES CA 90074-3659 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$67,515.39
3.257.	Nonpriority creditor's name and mailing address RSM MAINTENANCE 461 FROM RD STE 255 PARAMUS NJ 07652 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,187.44
3.258.	Nonpriority creditor's name and mailing address RUSSIAN TABLE 60-20TH STREET SUNSET INDUSTRIAL PARK BROOKLYN NY 11232 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,466.46

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3.259.	Nonpriority creditor's name and mailing address S WALTER PACKAGING PO BOX 71225 PHILADELPHIA PA 19176-6225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$254,230.35
3.260.	Nonpriority creditor's name and mailing address SAN DIEGO GAS & ELECTRIC PO BOX 25111 SANTA ANA CA 92799-5111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,480.01
3.261.	Nonpriority creditor's name and mailing address SAN FRANCISCO ELEVATOR SVC 6517 SIERRA LN DUBLIN CA 94568 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$506.00

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3.262.	Nonpriority creditor's name and mailing address SAVANNAH BEE CO 211 JOHNNY MERCER BLVD SAVANNAH GA 31410 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$11,439.75
3.263.	Nonpriority creditor's name and mailing address SCALE WAREHOUSE AND MORE 2980 LINDEN ST STE D-1 BETHLEHEM PA 18017 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$9,937.07
3.264.	Nonpriority creditor's name and mailing address SCHNEIDER NATIONAL INC 2567 PAYSPIRE CIR CHICAGO IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,970.00

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3.265.	Nonpriority creditor's name and mailing address SERVICECHANNELCOM INC PO BOX 392642 PITTSBURGH PA 15251-9642 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,360.00
3.266.	Nonpriority creditor's name and mailing address SF - WATER PO BOX 7369 SAN FRANCISCO CA 94120-7369 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$232.13
3.267.	Nonpriority creditor's name and mailing address SHAWNEE MALL OWNER LLC PO BOX 83305 CHICAGO IL 60691-3305 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$6,666.68

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3.268.	Nonpriority creditor's name and mailing address SHERMAN OAKS FASHION ASSOCIATES LP PO BOX 56991 LOS ANGELES CA 90074-6991 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$62,505.92
3.269.	Nonpriority creditor's name and mailing address SHILLINGTON BOX CO LLC 62633 COLLECTIONS CTR DR CHICAGO IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$46,643.01
3.270.	Nonpriority creditor's name and mailing address SHOPS AT MISSION VIEJO LLC 7415 SOLUTION CTR CHICAGO IL 60677-7004 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$40,845.07

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3.271.	Nonpriority creditor's name and mailing address SHRED WORKS INC DEPT 34654 PO BOX 39000 SAN FRANCISCO CA 94139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$33.00
3.272.	Nonpriority creditor's name and mailing address SILLYCOW FARMS LLC 1538 INDUSTRIAL PK RD WELLS RIVER VT 05081 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,571.52
3.273.	Nonpriority creditor's name and mailing address SIMON PROPERTY GROUP LP 867800 RELIABLE PKWY CHICAGO IL 60686-0078 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$22,115.25

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3.274.	Nonpriority creditor's name and mailing address SLP CONSULTING, LLC 4224 249TH CT SE ISSAQUAH WA 98029 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,546.88
3.275.	Nonpriority creditor's name and mailing address SMUD PO BOX 15555 SACRAMENTO CA 95852 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$661.43
3.276.	Nonpriority creditor's name and mailing address SOONER FASHION MALL LLC PO BOX 772803 CHICAGO IL 60677-2803 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$7,531.30

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3.277.	Nonpriority creditor's name and mailing address SOTF LLC 222 CHASTAIN MEADOWS CT STE 200 KENNESAW GA 30144 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$8,325.00
3.278.	Nonpriority creditor's name and mailing address SOUTHPOINT MALL LLC SDS-12-2886 PO BOX 86 MINNEAPOLIS MN 55486-2886 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$50,585.64
3.279.	Nonpriority creditor's name and mailing address SPECIALTY BOTTLE SUPPLY 3434 4TH AVE SOUTH SEATTLE WA 98134 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$10,186.06

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3.280.	Nonpriority creditor's name and mailing address SPECIALTY BOX AND PACKAGING CO INC 1040 BROADWAY ALBANY NY 12204 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$6,619.47
3.281.	Nonpriority creditor's name and mailing address SPS COMMERCE INC PO BOX 205782 DALLAS TX 75320-5782 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$443.90
3.282.	Nonpriority creditor's name and mailing address SQUIRE BOONE VILLAGE INC PO BOX 711 NEW ALBANY IN 47151 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$10,758.28

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3.283.	Nonpriority creditor's name and mailing address STAR-K 122 SLADE AVE STE300 BALTIMORE MD 21208 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$350.00
3.284.	Nonpriority creditor's name and mailing address STERLING TALENT SOLUTIONS PO BOX 35626 NEWARK NJ 07193-5626 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$383.47
3.285.	Nonpriority creditor's name and mailing address STEVEN J BERMAN ATTORNEY AT LAW 3350 WOODLEY AVE THOUSAND OAKS CA 91362 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$286.00

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3.286.	Nonpriority creditor's name and mailing address STONEBRIAR MALL LLC PO BOX 6374 CAROL STREAM IL 60197-6374 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$64,054.12
3.287.	Nonpriority creditor's name and mailing address STONESTOWN SHOPPING CENTER LP SDS-12-2465 PO BOX 86 MINNEAPOLIS, MN 55486-2465 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$86,692.87
3.288.	Nonpriority creditor's name and mailing address SUSTAINABLE SOLUTIONS GROUP DEPT 40299 PO BOX 740209 ATLANTA GA 30374-0209 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$145.73

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3.289.	Nonpriority creditor's name and mailing address SWEET PIECES CHOCOLATES 59 HIDDEN PHEASANT PATH WADING RIVER NY 11792 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$216.00
3.290.	Nonpriority creditor's name and mailing address SWEET SHOP USA 1316 INDUSTRIAL RD MOUNT PLEASANT TX 75455 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,272.00
3.291.	Nonpriority creditor's name and mailing address SWEETS INDEED 1032 E EDNA PL COVINA CA 91724 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$29,395.44

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3.292.	Nonpriority creditor's name and mailing address SWEETSMITH CANDY CO PO BOX 2123 STRATHMORE AB T1P 1K1 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$628.14
3.293.	Nonpriority creditor's name and mailing address TAP PACKAGING SOLUTIONS 2160 SUPERIOR AVE CLEVELAND OH 44114 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$77,925.58
3.294.	Nonpriority creditor's name and mailing address TAUBMAN CHERRY CREEK SHOPPING CENTER LLC DEPARTMENT 89801 PO BOX 67000 DETROIT MI 48267-0898 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$74,544.69

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3.295.	Nonpriority creditor's name and mailing address TEAM CONSTRUCTION MANAGEMENT INC 4875 W NEVSO DR LAS VEGAS NV 89103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$11,277.00
3.296.	Nonpriority creditor's name and mailing address TERRY ADAMS INC 111S MULBERRY STE 101 ELIZABETHTOWN KY 42401 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$84,586.65
3.297.	Nonpriority creditor's name and mailing address TERRY ADAMS, INC 111S MULBERRY STE 101 ELIZABETHTOWN KY 42401 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE - COLLECTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$86,494.11

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3.298.	Nonpriority creditor's name and mailing address TGA OAK VIEW MALL LLC PO BOX 74007332 CHICAGO IL 60674-7332 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$27,202.84
3.299.	Nonpriority creditor's name and mailing address THE FRENCH FARM 916B WEST 23RD ST HOUSTON TX 77008 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,730.16
3.300.	Nonpriority creditor's name and mailing address THE FROSTED BAKER 3790 HAWTHORNE CT WAUKEGAN IL 60087 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$31,255.84

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3.301.	Nonpriority creditor's name and mailing address THE GOOD CHOCOLATE LLC 25 LELAND AVE SAN FRANCISCO CA 94134 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,940.00
3.302.	Nonpriority creditor's name and mailing address THE GRAND CANAL SHOPPES AT THE VENETIAN SDS-12-2451 PO BOX 86 MINNEAPOLIS MN 55486-2451 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$59,908.71
3.303.	Nonpriority creditor's name and mailing address THE GREAT SPIRITS BAKING CO 1034 S BRENTWOOD BLVD #1490 ST. LOUIS MO 63117 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,633.84

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3.304.	Nonpriority creditor's name and mailing address THE ICEE CO PO BOX 515723 LOS ANGELES CA 90051-5203 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,739.23
3.305.	Nonpriority creditor's name and mailing address THE LOVELY CANDY CO LLC 2654 CORPORATE PKWY ALGONQUIN IL 60102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$32.28
3.306.	Nonpriority creditor's name and mailing address THE MALL IN COLUMBIA BUSINESS TRUST SDS-12-2738 PO BOX 86 MINNEAPOLIS MN 55486-2738 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$34,146.94

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3.307.	Nonpriority creditor's name and mailing address THE OAKS MALL MACERICH OAKS LP PO BOX 849428 LOS ANGELES CA 90084-9428 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$47,086.92
3.308.	Nonpriority creditor's name and mailing address THE REVERE GROUP PO BOX 80157 SEATTLE WA 98108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$73,771.47
3.309.	Nonpriority creditor's name and mailing address THE SHOPPES AT THE PALAZZO LLC SDS-12-2781 PO BOX 86 MINNEAPOLIS MN 55486-2781 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$44,970.57

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3.310.	Nonpriority creditor's name and mailing address THE SHOPS AT LA CANTERA SDS-12-2532 PO BOX 86 MINNEAPOLIS MN 55486-2532 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$103,476.73
3.311.	Nonpriority creditor's name and mailing address THE SWEET LOBBY LLC 404 8TH ST SE WASHINGTON DC 20003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$13,095.20
3.312.	Nonpriority creditor's name and mailing address THE WOODLANDS MALL ASSOCIATES LLC SDS-12-3053 PO BOX 86 MINNEAPOLIS MN 55486-3053 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$80,723.96

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3.313.	Nonpriority creditor's name and mailing address THEO CHOCOLATE INC 3400 PHINNEY AVE NORTH SEATTLE WA 98103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$834.06
3.314.	Nonpriority creditor's name and mailing address THREE RIVERS CONFECTIONS, LLC 3530 SMALLMAN ST PITTSBURGH PA 15201-1937 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$728.50
3.315.	Nonpriority creditor's name and mailing address TINWERKS PACKAGING CO 1237 W CAPITOL DR ADDISON IL 60101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$10,240.00

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3.316.	Nonpriority creditor's name and mailing address TOPS MALIBU PO BOX 2673 EUGENE OR 97402 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$3,312.00
3.317.	Nonpriority creditor's name and mailing address TOPVALUE SUPPLIES CO UNIT C 29 FLOOR 18 FARM RD TOKWAWAN KOWLOON HONG KONG Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$11,111.92
3.318.	Nonpriority creditor's name and mailing address TOTAL ACCESS URGENT CARE 13861 MANCHESTER RD TOWN AND COUNTRY MO 63011 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$80.00

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3.319.	Nonpriority creditor's name and mailing address TOWNE WEST MALL REALTY HOLDINGS LLC 1010 NORTHERN BLVD SUITES #212 GREAT NECK NY 11021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,899.00
3.320.	Nonpriority creditor's name and mailing address TOWNE WEST SQUARE LLC DO NOT USE WP GLIMCHER INC 180 EAST BROAD ST COLUMBUS OH 43215 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,797.00
3.321.	Nonpriority creditor's name and mailing address TOWSON TOWN CENTER SDS-12-2891 PO BOX 86 MINNEAPOLIS MN 55486-2891 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$28,756.14

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3.322.	Nonpriority creditor's name and mailing address TRAVELER'S INSURANCE PO BOX 660317 DALLAS TX 75266-0317 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$63,533.99
3.323.	Nonpriority creditor's name and mailing address TRIANGLE SIGN AND SVC LLC 11 AZAR CT PO BOX 24186 BALTIMORE MD 21227 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$175,791.09
3.324.	Nonpriority creditor's name and mailing address TRUE COMMERCE INC NW 6199 PO BOX 1450 MINNEAPOLIS MN 55485-6199 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$15,000.00

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3.325.	Nonpriority creditor's name and mailing address TRUESOURCE LLC 2929 EXPRESSWAY DR NORTH STE 300B ISLANDIA NY 11749 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,535.45
3.326.	Nonpriority creditor's name and mailing address TVO MALL OWNER LLC DEPARTMENT 52701 PO BOX 67000 DETROIT MI 48267-0527 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$33,102.95
3.327.	Nonpriority creditor's name and mailing address TY INC ACCOUNTS RECEIVABLE PO BOX 5934 CHICAGO IL 60680 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$7,979.30

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3.328.	Nonpriority creditor's name and mailing address TYSON'S CORNER HOLDINGS LLC PO BOX 849554 LOS ANGELES CA 90084-9554 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$126,740.93
3.329.	Nonpriority creditor's name and mailing address ULINE INC NANCY HALCOM 12575 ULINE DR PLEASANT PRAIRIE WI 53158 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$1,779.00
3.330.	Nonpriority creditor's name and mailing address ULTRA-COLOR CORP 658 FEE FEE RD ST. LOUIS MO 63043 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$248,324.07

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3.331.	Nonpriority creditor's name and mailing address UNLIMITED INNOVATIONS INC PO BOX 26 PLATTSMOUTH NE 68048 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$210,313.40
3.332.	Nonpriority creditor's name and mailing address UPS PO BOX 650690 DALLAS TX 75265-0690 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$28.70
3.333.	Nonpriority creditor's name and mailing address USPS 170 OFARRELL ST SAN FRANCISCO CA 94102-9993 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$300.00

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3.334.	Nonpriority creditor's name and mailing address VECTOR SECURITY PO BOX 89462 CLEVELAND OH 44101-6462 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$5,616.56
3.335.	Nonpriority creditor's name and mailing address VELEZ, JENNIFER A Date or dates debt was incurred 11/30/2016 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING GENERAL LIABILITY CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.336.	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: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - PACKAGING Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$393,530.71

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3.337.	Nonpriority creditor's name and mailing address VIBES MEDIA LLC ACCOUNTS PAYABLE 300 W ADAMS ST 7TH FL CHICAGO IL 60606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$36,966.54
3.338.	Nonpriority creditor's name and mailing address VINTAGE FOOD CORP 849 NEWARK TPKE KEARNY NJ 07032 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$4,626.76
3.339.	Nonpriority creditor's name and mailing address VOSGES HAUT CHOCOLAT LLC DRAWER # 2373 PO BOX 5935 TROY MI 48007-5935 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$95,846.40

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3.340.	Nonpriority creditor's name and mailing address VOYAGEMARCHE INC 200 CRANDON BLVD STE 206 KEY BISCAYNE FL 33149 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$12,600.00
3.341.	Nonpriority creditor's name and mailing address WASHINGTON SQUARE PPR WASHINGTON SQUARE LLC PO BOX 849471 LOS ANGELES CA 90084-9471 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$103,785.77
3.342.	Nonpriority creditor's name and mailing address WASTE MANAGEMENT OF TEXAS INC HOUSTON METRO PO BOX 660345 DALLAS TX 75266-0345 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$563.90

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

3.343.	Nonpriority creditor's name and mailing address WEA SOUTHCENTER LLC PO BOX 56923 LOS ANGELES CA 90074-6923 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$61,532.72
3.344.	Nonpriority creditor's name and mailing address WEST COUNTY MALL CMBS LLC P O BOX 746395 ATLANTA GA 30374-6395 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$48,703.12
3.345.	Nonpriority creditor's name and mailing address WEST RIDGE MALL LLC WESTRIDGE MALL LLC 32824 COLLECTION CTR DR CHICAGO IL 60693-0328 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$36,932.64

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

3.346.	Nonpriority creditor's name and mailing address WESTFIELD TOPANGA OWNER LP PO BOX 54734 LOS ANGELES CA 90074-4734 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$66,288.47
3.347.	Nonpriority creditor's name and mailing address WESTLAKE CENTER LLC SDS-12-2735 PO BOX 86 MINNEAPOLIS MN 55486-2735 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$48,101.45
3.348.	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: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim UNDETERMINED

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

3.349.	Nonpriority creditor's name and mailing address WESTROADS MALL C/O WESTROADS MALL LLC ATTN LAW LEASE ADMINISTRATION DEPARTMENT 110 NORTH WACKER DRIVE CHICAGO IL 60606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LEASE GUARANTEE - WEST RIDGE MALL LLC STORE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.350.	Nonpriority creditor's name and mailing address WESTROADS MALL LLC SDS-12-1531 PO BOX 86 MINNEAPOLIS MN 55486-1531 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$29,606.80
3.351.	Nonpriority creditor's name and mailing address WHITEHALL TOWNSHIP AUTHORITY 1901 SCHADT AVE WHITEHALL PA 18052-3728 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$25.00

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

3.352.	Nonpriority creditor's name and mailing address WILINE NETWORKS INC DEPT LA 24599 PASADENA CA 91185-4599 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$0.06
3.353.	Nonpriority creditor's name and mailing address WILLOWBROOK MALL LLC SDS-12-2767 PO BOX 86 MINNEAPOLIS MN 55486-2767 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$91,578.18
3.354.	Nonpriority creditor's name and mailing address WILLOWBROOK MALL TX LLC SDS-12-3092 PO BOX MINNEAPOLIS MN 55486-3092 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD BASE RENT & PERCENTAGE RENT Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$40,656.40

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

3.355.	Nonpriority creditor's name and mailing address WOODLAND HILLS MALL LLC 7693 COLLECTIONS CTR DR CHICAGO IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - LANDLORD Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$29,276.78
3.356.	Nonpriority creditor's name and mailing address WORLD OF COFFEE INC 328 ESSEX ST STIRLING NJ 07980 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - INVENTORY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$911.04
3.357.	Nonpriority creditor's name and mailing address WZ ARCHITECTURE LP 245 VALLEJO ST SAN FRANCISCO CA 94111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - CONSTRUCTION Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,000.00

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

3.358.	Nonpriority creditor's name and mailing address XCEL ENERGY PUBLIC SERVICE CO A COLORADO CORP BANKRUPTCY DEPT PO BOX 9477 MINNEAPOLIS MN 55484-9477 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AP - OPEX Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$597.37
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¹CLOSED POST-PETITION

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****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
BALLARD SPAHR LLP DUSTIN P BRANCH, ESQ 2029 CENTURY PARK EAST STE 800 LOS ANGELES CA 90067-2909	Part 2 line 3.23	_____
BALLARD SPAHR LLP DUSTIN P BRANCH, ESQ 2029 CENTURY PARK EAST STE 800 LOS ANGELES CA 90067-2909	Part 2 line 3.307	_____
BALLARD SPAHR LLP LESLIE C HEILMAN, ESQ 919 N MARKET ST., 11TH FLOOR WILMINGTON DE 19801-3034	Part 2 line 3.23	_____
BALLARD SPAHR LLP LESLIE C HEILMAN, ESQ 919 N MARKET ST., 11TH FLOOR WILMINGTON DE 19801-3034	Part 2 line 3.307	_____
BARCLAY DAMON LLP NICLAS A FERLAND;ILAN MARKUS 545 LONG WHARF DRIVE, 9TH FLOOR NEW HAVEN CT 06511	Part 2 line 3.346	_____
BROOKFIELD PROPERTIES KRISTEN N PATE SVP & SENIOR ASSOCIATE GENERAL COUNSEL 350 N ORLEANS ST., STE 300 CHICAGO IL 60654- 1607	Part 2 line 3.349	_____
DANIEL B. BLUM 1942 BROADWAY SUITE 314 BOULDER CO 80302	Part 2 line 3.297	_____
FRANCHISE TAX BOARD BANKRUPTCY SECTION MSA340 PO BOX 2952 SACRAMENTO CA 95812-2952	Part 1 line 2.198	_____
HUGHES HUBBARD AND REED LLP KATHRYN A COLEMAN CHRIS GARTMAN JEFF MARGOLIN ONE BATTERY PK PLZ NEW YORK NY 10004-1482	Part 2 line 3.162	_____
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA PA 19101-7346	Part 1 line 2.237	_____
INTERNAL REVENUE SVC CENTRALIZED INSOLVENCY OPERATION 2970 MARKET ST MAIL STOP 5 Q30 133 PHILADELPHIA PA 19104-5016	Part 1 line 2.237	_____

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

INTERNAL REVENUE SVC
CENTRALIZED INSOLVENCY OPERATION
PO BOX 7346
PHILADELPHIA PA 19101-7346

Part 1 line 2.240

INTERNAL REVENUE SVC
CENTRALIZED INSOLVENCY OPERATION
2970 MARKET ST
MAIL STOP 5 Q30 133
PHILADELPHIA PA 19104-5016

Part 1 line 2.240

JACK SHRUM PA
'J' JACKSON SHRUM,ESQ
919 N MARKET ST.,STE 1410
WILMINGTON DE 19801

Part 2 line 3.331

JAKE MACIULEWICZ ACCOUNT ADVISORY
665 3RD STREET
SUITE 400
SAN FRANCISCO CA 94107

Part 1 line 2.196

LAW OFFICE OF SUSAN E KAUFMAN LLC
SUSAN E KAUFMAN, ESQ
919 NORTH MARKET ST., STE 460
WILMINGTON DE 19801

Part 2 line 3.294

LECLAIRRYAN
ROBERT J. BRENER, ESQ
ONE RIVERFRONT PLAZA
L 03 7 RAYMOND BOULEVARD
NEWARK NJ 07102

Part 2 line 3.348

LINEBARGER GOGGAN BLAIR & SAMPSON LLP
DON STECKER
277 NAVARRO ST., STE 300
SAN ANTONIO TX 78205

Part 1 line 2.21

LINEBARGER GOGGAN BLAIR & SAMPSON LLP
DON STECKER
277 NAVARRO ST., STE 300
SAN ANTONIO TX 78205

Part 1 line 2.20

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

Part 1 line 2.78

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

Part 1 line 2.284

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

Part 1 line 2.288

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

Part 1 line 2.289

MONZACK MERSKY MCLAUGHLIN AND
BROWDER PA
RACHEL B MERSKY;BRIAN J MCLAUGHLIN
1201 N ORANGE ST STE 400
WILMINGTON DE 19801

Part 2 line 3.342

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

NEXSEN PRUET, PLLC
701 GREEN VALLEY ROAD
SUITE 100
GREENSBORO NC 27402

Part 2 line 3.183

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

Part 1 line 2.434

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

Part 1 line 2.446

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

Part 1 line 2.449

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

Part 1 line 2.447

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

Part 1 line 2.448

WHITEFORD, TAYLOR & PRESTON LLC
STEPHEN B. GERALD; RICHARD W. RILEY
THE RENAISSANCE CENTRE
405 NORTH KING ST STE 500
WILMINGTON DE 19801

Part 2 line 3.250

WHITEFORD, TAYLOR & PRESTON, LLP
KEVIN G. HROBLAK
SEVEN SAINT PAUL ST STE 1500
BALTIMORE MD 21202

Part 2 line 3.250

YOUNG CONAWAY STARGATT AND TAYLOR
MICHAEL NESTOR
1000 NORTH KING ST
WILMINGTON DE 19801

Part 2 line 3.162

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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

			Total of claim amounts
5a. Total claims from Part 1	5a.		\$559,879.65
5b. Total claims from Part 2	5b.	+	\$22,990,595.46
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$23,550,475.11

Fill in this information to identify the case:**Debtor name:** Meetha Ventures LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11815☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

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

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

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

- | | | | |
|------|---|---|--|
| 2.1. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE

LOLLI & POPS - TWELVE OAKS

LESSEE

2029

_____ | 2029 TWO MALL OWNER LLC
200 EAST LONG LAKE ROAD
SUITE 300
BLOOMFIELD HILLS MI 48304-2324 |
| 2.2. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | STANDARD SUBLEASE MULTI-TENANT

SUBLEASE OF 49 POWELL STREET, SIXTH FLOOR, SAN FRANCISCO, CA 94108

LESSEE AND SUBLESSOR

10/15/2018

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

49 POWEL STREET PARTNERS LLC
570 OAK PARK DR
SAN FRANCISCO CA 94131 |
| 2.3. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | INSURANCE

EMPLOYMENT PRACTICES AND FEES INSURANCE - POLICY # DEP1454804P3

INSURED

11/5/2019

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

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

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.4. **Title of contract** RETAIL REAL PROPERTY LEASE - ALDERWOOD MALL
State what the contract or lease is for LOLLI & POPS - ALDERWOOD MALL
Nature of debtor's interest LESSEE
State the term remaining 5/31/2025
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
 ALTERWOOD MALL LLC
 ATTN LAW LEASE ADMINISTRATION
 DEPARTMENT
 110 NORTH WACKER DRIVE
 CHICAGO IL 60606
- 2.5. **Title of contract** RETAIL REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - ANNAPOLIS
Nature of debtor's interest LESSEE
State the term remaining 1/31/2025
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
 ANNAPOLIS L OWNER LLC
 ATTN LEGAL DEPARTMENT
 2049 CENTURY PARK EAST
 41ST FLOOR
 LOS ANGELES CA 90067
- 2.6. **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
- 2.7. **Title of contract** RETAIL REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - ARDEN FAIR
Nature of debtor's interest LESSEE
State the term remaining 4/12/2026
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
 ARDEN FAIR ASSOCIATES, L.P.
 1689 ARDEN WAY
 SUITE 1167
 SACRAMENTO CA 95815
- 2.8. **Title of contract** CONSENT TO SUBLEASE
State what the contract or lease is for SUBLEASE OF REAL PROPERTY LOCATED AT 49 POWELL STREET, 6TH FLOOR, SAN FRANCISCO, CA 94102
Nature of debtor's interest LESSEE AND SUBLESSOR
State the term remaining 10/15/2023
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 BALLAST INVESTMENTS, LLC
 49 POWELL ST
 SAN FRANCISCO CA 94102

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.9. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - BATTLEFIELD MALL
- Nature of debtor's interest** LESSEE BATTLEFIELD MALL, LLC
C/O M.S. MANAGEMENT
ASSOCIATES INC
225 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204-3438
- State the term remaining** 1/31/2026
- List the contract number of any government contract** _____
- 2.10. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - BAYBROOK MALL
- Nature of debtor's interest** LESSEE BAYBROOK MALL LLC
C/O BAYBROOK MALL
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- State the term remaining** 2027
- List the contract number of any government contract** _____
- 2.11. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - BEACHWOOD PLACE
- Nature of debtor's interest** LESSEE BEACHWOOD PLACE MALL LLC
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- State the term remaining** 2/28/2027
- List the contract number of any government contract** _____
- 2.12. **Title of contract** BELLEVUE SQUARE LEASE **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** LOLLI & POPS - BELLEVUE SQUARE MALL
- Nature of debtor's interest** LESSEE BELLEVUE SQUARE LLC
PO BOX 908
BELLEVUE WA 98009
- State the term remaining** 6/30/2026
- List the contract number of any government contract** _____
- 2.13. **Title of contract** SUBLEASE 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 REAL PROPERTY LOCATED AT 111 ELLIS STREET, SECOND & THIRD FLOORS AND 111 ELLIS STREET AKA 71 POWELL STREET, SAN FRANCISCO, CALIFORNIA 94102
- Nature of debtor's interest** LESSEE AND SUBLESSOR BEST WISDOM TECHNOLOGY, LLC
ATTN MANAGER
71 POWELL STREET
SECOND FLOOR
SAN FRANCISCO CA 94102
- State the term remaining** 7/15/2021
- List the contract number of any government contract** _____

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.14. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - BOISE TOWN SQUARE
Nature of debtor's interest LESSEE
State the term remaining 2/27/2027
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
BOISE TOWNE SQUARE LLC
C/O BOISE TOWNE SQUARE
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- 2.15. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - BRIDGEWATER COMMONS
Nature of debtor's interest LESSEE
State the term remaining 2027
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
BRIDGEWATER COMMONS MALL II
LLC
C/O BRIDGEWATER COMMONS
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- 2.16. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - OAK PARK MALL
Nature of debtor's interest LESSEE
State the term remaining 1/31/2027
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CBL & ASSOCIATES MANAGEMENT
INC
CBL CENTER SUITE 500
2030 HAMILTON PLACE
BOULEVARD
CHATTANOOGA TN 37421-6000
- 2.17. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - CHRISTIANA MALL
Nature of debtor's interest LESSEE
State the term remaining 2027
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CHRISTIANA MALL LLC
C/O CHRISTIANA MALL LLC
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- 2.18. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - CLACKAMAS TOWN CENTER
Nature of debtor's interest LESSEE
State the term remaining 2027
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CLACKAMAS MALL LLC
C/O CLACKAMAS TOWN CENTER
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.19. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - PALM SPRINGS
Nature of debtor's interest LESSEE
State the term remaining 7/20/28 WITH 2 - 5 YEAR OPTIONS TO EXTEND LEASE TERM
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**
 DTPS C-15 LLC
 ATTN PROPERTY MANAGEMENT
 201 NORTH PALM CANYON DR
 PALM SPRINGS CA 92262
- 2.20. **Title of contract** CONSULTING AGREEMENT
State what the contract or lease is for INTERIM PLANNING MANAGER
Nature of debtor's interest CONTRACT PARTY
State the term remaining 9/30/2019
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**
 ESTELLA LI-MING LEE
 252 SAN FERNANDO WAY
 DALY CITY CA 94015
- 2.21. **Title of contract** RETAIL REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - FAIR OAKS
Nature of debtor's interest LESSEE
State the term remaining 2028
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**
 FAIRFAX COMPANY OF VIRGINIA LLC
 200 EAST LONG LAKE ROAD
 SUITE 300
 BLOOMFIELD HILLS MI 48304-2324
- 2.22. **Title of contract** SHOPPING CENTER LEASE
State what the contract or lease is for LOLLI & POPS - CHICAGO
Nature of debtor's interest LESSEE
State the term remaining 1/31/2024
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 FASHION OUTLETS OF CHICAGO LLC
 C/O THE TALISMAN COMPANIES
 ATTN JAMES SCHLESINGER,
 PRESIDENT
 355 ALHAMBRA CIRCLE
 SUITE 1250
 CORAL GABLES FL 33134
- 2.23. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - FASHION PLACE
Nature of debtor's interest LESSEE
State the term remaining 2027
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 FASHION PLACE LLC
 C/O FASHION PLACE
 ATTN LAW LEASE ADMINISTRATION
 DEPARTMENT
 110 NORTH WACKER DRIVE
 CHICAGO IL 60606

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.24. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - FIRST COLONY
Nature of debtor's interest LESSEE
State the term remaining 2027
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 FIRST COLONY MALL LLC
 C/O FIRST COLONY MALL
 ATTN LAW LEASE ADMINISTRATION
 DEPARTMENT
 110 NORTH WACKER DRIVE
 CHICAGO IL 60606
- 2.25. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for 2-DOOR SMART SAFE LEASE - GLENDALE, CA LOCATION
Nature of debtor's interest LESSEE
State the term remaining 8/18/2022
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 FIRSTLEASE, INC.
 1 WALNUT GROVE DRIVE
 SUITE 300
 HORSHAM PA 19044
- 2.26. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for 2-DOOR SMART SAFE LEASE - OVERLAND PARK, KS LOCATION
Nature of debtor's interest LESSEE
State the term remaining 8/18/2022
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 FIRSTLEASE, INC.
 1 WALNUT GROVE DRIVE
 SUITE 300
 HORSHAM PA 19044
- 2.27. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for 2-DOOR SMART SAFE LEASE - ALBUQUERQUE NM, LOCATION
Nature of debtor's interest LESSEE
State the term remaining 8/15/2022
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 FIRSTLEASE, INC.
 1 WALNUT GROVE DRIVE
 SUITE 300
 HORSHAM PA 19044
- 2.28. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for 2-DOOR SMART SAFE LEASE - MURRAY, UT LOCATION
Nature of debtor's interest LESSEE
State the term remaining 8/18/2022
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
 FIRSTLEASE, INC.
 1 WALNUT GROVE DRIVE
 SUITE 300
 HORSHAM PA 19044

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- | | | | |
|-------|---|---|--|
| 2.29. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EQUIPMENT LEASE
2-DOOR SMART SAFE LEASE - SAN ANTONIO, TX LOCATION
LESSEE
8/18/2022
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

FIRSTLEASE, INC.
1 WALNUT GROVE DRIVE
SUITE 300
HORSHAM PA 19044 |
| 2.30. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EQUIPMENT LEASE
2-DOOR SMART SAFE LEASE - COLUMBIA, MD LOCATION
LESSEE
8/18/2022
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

FIRSTLEASE, INC.
1 WALNUT GROVE DRIVE
SUITE 300
HORSHAM PA 19044 |
| 2.31. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EQUIPMENT LEASE
2-DOOR SMART SAFE LEASE - OAKBOOK, IL LOCATION
LESSEE
8/18/2022
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

FIRSTLEASE, INC.
1 WALNUT GROVE DRIVE
SUITE 300
HORSHAM PA 19044 |
| 2.32. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EQUIPMENT LEASE
2-DOOR SMART SAFE LEASE - FRIENDSWOOD, TX LOCATION
LESSEE
8/18/2022
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

FIRSTLEASE, INC.
1 WALNUT GROVE DRIVE
SUITE 300
HORSHAM PA 19044 |
| 2.33. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | EQUIPMENT LEASE
2-DOOR SMART SAFE LEASE - LANCASTER PA, LOCATION
LESSEE
8/18/2022
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

FIRSTLEASE, INC.
1 WALNUT GROVE DRIVE
SUITE 300
HORSHAM PA 19044 |

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.34. **Title of contract** EQUIPMENT LEASE
State what the contract or lease is for 2-DOOR SMART SAFE LEASE - LAS VEGAS, NV LOCATION
Nature of debtor's interest LESSEE
State the term remaining 8/18/2022
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 FIRSTLEASE, INC.
 1 WALNUT GROVE DRIVE
 SUITE 300
 HORSHAM PA 19044
- 2.35. **Title of contract** STORAGE FACILITY
State what the contract or lease is for OFF-SITE STORAGE FACILITY LOCATED AT FREMONT, CA
Nature of debtor's interest OFF SITE STORAGE
State the term remaining MONTH TO MONTH
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**
 FREMONT STORAGE
 WARM SPRINGS SELF STORAGE
 45585 WARM SPRINGS BOULEVARD
 FREMONT CA 94539
- 2.36. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for CANDYOPOLIS - SALINA (CENTRAL MALL)
Nature of debtor's interest LESSEE
State the term remaining 8/31/2019
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 GARRISON SALINA OWNER LLC
 C/O GARRISON INVESTMENT GROUP LP
 1290 AVENUE OF THE AMERICAS
 SUITE 914
 NEW YORK NY 10104
- 2.37. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - THE MAINE MALL
Nature of debtor's interest LESSEE
State the term remaining 2027
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 GGP MAINE MALL LLC
 C/O THE MAINE MALL
 ATTN LAW LEASE ADMINISTRATION DEPARTMENT
 110 NORTH WACKER DRIVE
 CHICAGO IL 60606
- 2.38. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - NORTHRIDGE FASHION CENTER
Nature of debtor's interest LESSEE
State the term remaining 2027
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 GGP NORTHRIDGE FASHION CENTER LLC
 C/O NORTHRIDGE FASHION CENTER
 ATTN LAW LEASE ADMINISTRATION DEPARTMENT
 110 NORTH WACKER DRIVE
 CHICAGO IL 60606

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

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|-------|---|--|--|
| 2.39. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - PROVIDENCE PLACE
LESSEE
12/31/2027
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GGP PROVIDENCE PLACE LLC
C/O PROVIDENCE PLACE
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.40. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - GLENDALE GALLERIA
LESSEE
2027
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GLENDALE MALL ASSOCIATES LLC
C/O GLENDALE GALLERIA
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.41. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - THE GRAND CANAL SHOPPES
LESSEE
12/31/2027
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GRAND CANAL SHOPS II LLC
C/O THE GRAND CANAL SHOPS AT THE VENETIAN
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.42. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - CORONADO CENTER
LESSEE
2027
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GS PORTFOLIO HOLDINGS LLC
C/O CORONADA CENTER MALL
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.43. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - OXMOOR CENTER
LESSEE
12/31/2027
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
HOCKER OXMOOR LLC
C/O OXMOOR CENTER
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- | | | | |
|-------|---|---|--|
| 2.44. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | SHOPPING CENTER LEASE, FIRST AND SECOND AMENDMENTS

CANDYOPOLIS - LAWTON (CENTRAL MALL)

LESSEE

6/30/2021

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

IQ9- 200 SW C AVE LLC
C III ASSET MANAGEMENT
5221 N O'CONNOR BLVD
SUITE 600
IRVING TX 75039 |
| 2.45. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | REAL PROPERTY LEASE

LOLLI & POPS - JORDAN CREEK TOWN CENTER

LESSEE

2027

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

JORDAN CREEK TOWN CENTER LLC
C/O JORDAN CENTER TOWN CENTER
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.46. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | SUBLEASE AGREEMENT

111 ELLIS STREET, SAN FRANCISCO, CA 94102

SUBLESSOR

3/31/2016

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

KENNETH SARACHAN
111 ELLIS ST
SAN FRANCISCO CA 94102 |
| 2.47. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | REAL PROPERTY LEASE

LOLLI & POPS - KENWOOD TOWNE CETNER

LESSEE

2027

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

KENWOOD TOWN CENTRE LLC
C/O KENWOOD TOWN CENTRE
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.48. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | RETAIL REAL PROPERTY LEASE, ASSIGNMENT AND ASSUMPTION AND SECOND AMENDMENT TO LEASE

LOLLI & POPS - LOS GATOS

LESSEE

5/31/2021

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

KILKENNY PROPERTIES
PO BOX 631
LOS GATOS CA 95031 |

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.49. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - KING OF PRUSSIA
Nature of debtor's interest LESSEE
State the term remaining 1/31/2026
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 KING OF PRUSSIA ASSOCIATES
 C/O KRAVCO SIMON COMPANY
 225 WEST WASHINGTON STREET
 INDIANAPOLIS IN 46204-3438
- 2.50. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - THE SHOPS AT LA CANTERA
Nature of debtor's interest LESSEE
State the term remaining 2023
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 LA CANTERA RETAIL LIMITED PARTNERSHIP
 C/O THE SHOP AT LA CANTERA
 ATTN LAW LEASE ADMINISTRATION DEPARTMENT
 110 NORTH WACKER DRIVE
 CHICAGO IL 60606
- 2.51. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - THE OAKS
Nature of debtor's interest LESSEE
State the term remaining 3/31/2025
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**
 MACERICH OAKS LP
 ATTN CENTER MANAGER
 350 WEST HILLCREST DRIVE
 THOUSAND OAKS CA 91360-4216
- 2.52. **Title of contract** REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - LEHIGH VALLEY MALL
Nature of debtor's interest LESSEE
State the term remaining 1/31/2026
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 MALL AT LEHIGH VALLEY, L.P.
 C/O KRAVCO SIMON COMPANY
 225 WEST WASHINGTON STREET
 INDIANAPOLIS IN 46204-3438
- 2.53. **Title of contract** RETAIL REAL PROPERTY LEASE
State what the contract or lease is for LOLLI & POPS - MALL OF LOUISIANA
Nature of debtor's interest LESSEE
State the term remaining 1/31/2026
List the contract number of any government contract _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
 MALL OF LOUISIANA LLC
 C/O MALL OF LOUISIANA
 ATTN LAW LEASE ADMINISTRATION DEPARTMENT
 110 NORTH WACKER DRIVE
 CHICAGO IL 60606

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.54. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - BATON ROUGE
- Nature of debtor's interest** LESSEE MALL OF LOUISIANA LLC
MALL OF LOUISIANA
LAW LEASE DEPT
110 NORTH WACKER DR
CHICAGO IL 60606
- State the term remaining** 1/31/2026
- List the contract number of any government contract** _____
- 2.55. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - MAYFAIR MALL
- Nature of debtor's interest** LESSEE MAYFAIR MALL LLC
C/O MAYFIAR
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- State the term remaining** 2027
- List the contract number of any government contract** _____
- 2.56. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - MEMORIAL CITY MALL
- Nature of debtor's interest** LESSEE MEMORIAL CITY MALL, LP
C/O METRO NATIONAL
CORPORATION
ATTN: LEGAL DEPARTMENT
P.O. BOX 19509
HOUSTON TX 77224-9509
- State the term remaining** 5/31/2026
- List the contract number of any government contract** _____
- 2.57. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - MONTGOMERY
- Nature of debtor's interest** LESSEE MONTGOMERY MALL OWNER LLC
2049 CENTURY PARK EAST
41ST FLOOR
LOS ANGELES CA 90049
- State the term remaining** 1/31/2026
- List the contract number of any government contract** _____
- 2.58. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - MALL ST. MATTHEWS
- Nature of debtor's interest** LESSEE MSM PROPERTY LLC
C/O MALL ST MATTHEWS
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- State the term remaining** 2027
- List the contract number of any government contract** _____

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- | | | | |
|-------|---|---|--|
| 2.59. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - NATICK MALL
LESSEE
2/28/2026
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NATICK MALL LLC
C/O NATICK MALL
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.60. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - NORTH POINT MALL
LESSEE
2/28/2027
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NORTH POINT MALL LLC
C/O NORTH POINT MALL
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.61. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - NORTH STAR MALL
LESSEE
2027
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NORTH STAR MALL LLC
C/O NORTH STAR MALL
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.62. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
CANDYOPOLIS - OAK VIEW (OAK VIEW MALL)
LESSEE
9/30/2020
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
OAK VIEW MALL LLC
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.63. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - OAKBROOK CENTER
LESSEE
2027
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
OAKBROOK SHOPPING CENTER LLC
C/O OAKBROOK CENTER
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.64. **Title of contract** LEASE **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** LOLLI & POPS - OAKRIDGE MALL
- Nature of debtor's interest** LESSEE OAKRIDGE MALL LLC
ATTN LEGAL DEPARTMENT
WESTFIELD PROPERTY
MANAGEMENT LLC
2049 CENTURY PARK EAST
41ST FLOOR
LOS ANGELES CA 90049
- State the term remaining** 1/31/2027
- List the contract number of any government contract** _____
- 2.65. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - PARK CITY
- Nature of debtor's interest** LESSEE PARK CITY CENTER BUSINESS
TRUST
C/O PARK CITY CENTER
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- State the term remaining** 12/31/2027
- List the contract number of any government contract** _____
- 2.66. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - PARK MEADOWS
- Nature of debtor's interest** LESSEE PARK MEADOWS MALL LLC
C/O PARK MEADWOS
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- State the term remaining** 1/31/2026
- List the contract number of any government contract** _____
- 2.67. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - PERIMETER MALL
- Nature of debtor's interest** LESSEE PERIMETER MALL LLC
C/O PERIMETER MALL
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- State the term remaining** 2/28/2027
- List the contract number of any government contract** _____
- 2.68. **Title of contract** LEASE 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** LOLLI & POPS - WASHINGTON SQUARE
- Nature of debtor's interest** LESSEE PPR WASHINGTON SQUARE LLC
ATTN CENTER MANAGER
9585 S.W. WASHINGTON SQUARE
ROAD
TIGARD OH 97223-4450
- State the term remaining** 3/31/2025
- List the contract number of any government contract** _____

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.69. **Title of contract** QUAIL SPRINGS MALL RENEWALS
- State what the contract or lease is for** CANDYOPOLIS - QUAIL SPRINGS (QUAIL SPRINGS MALL)
- Nature of debtor's interest** LESSEE
- State the term remaining** 1/31/2019
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- QUAIL SPRINGS MALL LLC
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
-
- 2.70. **Title of contract** MASTER PURCHASE AGREEMENT
- State what the contract or lease is for** STORE TRAFFIC COUNSEL SERVICES AND SOFTWARE LICENSE
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 4/26/2021 WITH 3 - 5 YEAR AUTOMATIC RENEWAL TERMS
- 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**
- RETAILNEXT, INC.
60 SOUTH MARKET ST
FLOOR 10
SAN JOSE CA 95113
-
- 2.71. **Title of contract** REAL PROPERTY LEASE
- State what the contract or lease is for** LOLLI & POPS - RIDGEDALE CENTER
- Nature of debtor's interest** LESSEE
- State the term remaining** 1/31/2027
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- RIDGEDALE CENTER LLC
C/O RIDGEDALE CENTER
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
-
- 2.72. **Title of contract** REAL PROPERTY LEASE
- State what the contract or lease is for** LOLLI & POPS - GALLERIA AT ROSEVILLE
- Nature of debtor's interest** LESSEE
- State the term remaining** 1/31/2024
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- ROSEVILLE SHOPPINGTOWN LLC
ATTN LEGAL DEPARTMENT
2049 CENTURY PARK EAST
41ST FLOOR
LOS ANGELES CA 90067
-
- 2.73. **Title of contract** RETAIL REAL PROPERTY LEASE
- State what the contract or lease is for** LOLLI & POPS - SAINT LOUIS GALLERIA
- Nature of debtor's interest** LESSEE
- State the term remaining** 12/21/2027
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- SAINT LOUIS GALLERIA LLC
C/O ST LOUIS GALLERIA
ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.74. **Title of contract** INSURANCE
- State what the contract or lease is for** BUSINESS AND MANAGEMENT (BAM) INDEMNITY INSURANCE COVERAGE POLICY # EKS3274385
- Nature of debtor's interest** INSURED
- State the term remaining** 11/5/2019
- 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**
- SCOTTSDALE INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS OH 43215
- 2.75. **Title of contract** SHOPPING CENTER LEASE
- State what the contract or lease is for** CANDYOPOLIS - SHAWNEE (SHAWNEE MALL)
- Nature of debtor's interest** LESSEE
- State the term remaining** 3/31/2018
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- SHAWNEE MALL OWNER LLC
SHAWNEE MALL MANAGEMENT OFFICE
4901 NORTH KICKAPOO STREET
SUITE 5000
SHAWNEE OK 74804
- 2.76. **Title of contract** REAL PROPERTY LEASE
- State what the contract or lease is for** LOLLI & POPS - FASHION SHOW
- Nature of debtor's interest** LESSEE
- State the term remaining** 2027
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- SHERMAN OAKS FASHION ASSOCIATES LLC
LEGAL DEPARTMENT
2049 CENTURY PARK EAST
41ST FLOOR
LOS ANGELES CA 90067
- 2.77. **Title of contract** REAL PROPERTY LEASE
- State what the contract or lease is for** LOLLI & POPS - FASHION SQUARE
- Nature of debtor's interest** LESSEE
- State the term remaining** 1/31/2026
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- SHERMAN OAKS FASHION ASSOCIATES LLC
LEGAL DEPARTMENT
2049 CENTURY PARK EAST
41ST FLOOR
LOS ANGELES CA 90067
- 2.78. **Title of contract** REAL PROPERTY LEASE
- State what the contract or lease is for** LOLLI & POPS - SHOPS AT MISSION VIEJO
- Nature of debtor's interest** LESSEE
- State the term remaining** 1/31/2026
- List the contract number of any government contract** _____
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- SHOPS AT MISSION VIEJO, LLC
C/O M.S. MANAGEMENT ASSOCIATES INC
225 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204-3438

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- | | | | |
|-------|---|--|---|
| 2.79. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
CANDYOPOLIS - WICHITA EAST (TOWNE EAST SQUARE MALL)
LESSEE
1/31/2020
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SIMON PROPERTIES
C/O M.S. MANAGEMENT ASSOCIATES INC.
CANDYOPOLIS - WICHITA EAST (TOWNE EAST SQUARE MALL)
225 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204-3438 |
| 2.80. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - PENN SQUARE MALL
LESSEE
2022
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SIMON PROPERTIES
PENN SQUARE MALL LIMITED PARTNERSHIP
225 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204-3438 |
| 2.81. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SOONER MALL & LEASE SUMMARY
CANDYOPOLIS - SOONER (SOONER FASHION MALL)
LESSEE
1/21/2023
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SOONER FASHION MALL L.L.C
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.82. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - THE STREETS AT SOUTHPOINT
LESSEE
12/31/2027
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
SOUTHPOINT MALL LLC
C/O THE STREETS AT SOUTHPOINT ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| 2.83. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - STONEBRIAR CENTER
LESSEE
2024
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
STONEBRIAR MALL LLC
C/O STONEBRIAR CENTRE ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.84. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - STONESTOWN GALLERIA
- Nature of debtor's interest** LESSEE STONESTOWN SHOPPING CENTER LLP
C/O STONESTOWN SHOPPING CENTER
ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- State the term remaining** 12/31/2027
- List the contract number of any government contract** _____
- 2.85. **Title of contract** FIXED TERM MODIFIED GROSS INDUSTRIAL LEASE **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** OFF-SITE STORAGE FACILITY LOCATED AT 2731 SYSTRON DRIVE, SUTLE 300, CONCONL, CA 94518
- Nature of debtor's interest** OFF SITE STORAGE SYSTRON BUSINESS CENTER, LLC
1830 EMBARCADERO DRIVE
SUITE 105
OAKLAND CA 94606
- State the term remaining** 9/14/2019
- List the contract number of any government contract** _____
- 2.86. **Title of contract** RETAIL REAL PROPERTY LEASE **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** LOLLI & POPS - CHERRY CREEK SHOPPING CENTER
- Nature of debtor's interest** LESSEE TAUBMAN CHERRY CREEK SHOPPING CENTER, L.L.C
200 EAST LONG LAKE ROAD
SUITE 300
BLOOMFIELD HILLS MI 48304-2324
- State the term remaining** 6/30/2029
- List the contract number of any government contract** _____
- 2.87. **Title of contract** LEASE 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** 111 ELLIS STREET, SAN FRANCISCO, CA 94102
- Nature of debtor's interest** LESSEE THE GLADYNE K. MITCHELL FAMILY TRUST U/T/D MARCH 31, 1983
GLADYNE K. MITCHELL SUCCESSOR TRUSTEE
2000 WASHINGTON STREET
SAN FRANCISCO CA 94109
- State the term remaining** 2/1/2021
- List the contract number of any government contract** _____
- 2.88. **Title of contract** REAL PROPERTY LEASE **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** CORPORATE OFFICE - 111 N ELLIS ST, 4TH FLOOR, SAN FRANCISCO, CA 94102
- Nature of debtor's interest** LESSEE THE GLADYNE K. MITCHELL TRUST
GLADYNE K. MITCHELL SUCCESSOR TRUSTEE
2000 WASHINGTON STREET
SAN FRANCISCO CA 94109
- State the term remaining** 8/2026
- List the contract number of any government contract** _____

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- 2.89. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - MALL OF COLUMBIA
- Nature of debtor's interest** LESSEE THE MALL IN COLUMBIA BUSINESS TRUST
- State the term remaining** 12/31/2027 C/O THE MALL IN COLUMBIA
- List the contract number of any government contract** _____ ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- 2.90. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - THE PALAZZO
- Nature of debtor's interest** LESSEE THE SHOPS AT THE PALAZZO LLC
- State the term remaining** 12/31/2027 C/O THE SHOPPES AT THE PALAZZO
- List the contract number of any government contract** _____ ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606
- 2.91. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - THE WOODLANDS MALL
- Nature of debtor's interest** LESSEE THE WOODLANDS MALL ASSOCIATES LLC
- State the term remaining** 1/31/2026 C/O THE WOODLANDS MALL
- List the contract number of any government contract** _____ ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 90067
- 2.92. **Title of contract** REAL PROPERTY LEASE & LEASE AMENDMENT NO. 4 **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** CANDYOPOLIS - WICHITA WEST (TOWNE WEST SQUARE MALL)
- Nature of debtor's interest** LESSEE TOWNE WEST SQUARE LLC
- State the term remaining** 1/31/2021 C/O MS MANAGEMENT ASSOCIATES INC
- List the contract number of any government contract** _____ 225 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204
- 2.93. **Title of contract** REAL PROPERTY LEASE **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** LOLLI & POPS - TOWSON TOWN CENTER
- Nature of debtor's interest** LESSEE TOWSON TC LLC
- State the term remaining** 12/31/2027 C/O TOWSON TOWN CENTER
- List the contract number of any government contract** _____ ATTN LAW LEASE ADMINISTRATION DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- | | | | |
|-------|---|--|--|
| 2.94. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CERTIFICATE OF LIABILITY INSURANCE
AUTOMOBILE INSURANCE POLICY # BA7H0937328CAG
INSURED
11/5/2019
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
ONE TOWN SQUARE
HARTFORD CT 01683 |
| 2.95. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CERTIFICATE OF LIABILITY INSURANCE
UMBRELLA INSURANCE POLICY # CUP7H22255818
INSURED
11/5/2019
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
ONE TOWN SQUARE
HARTFORD CT 01683 |
| 2.96. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CERTIFICATE OF LIABILITY INSURANCE
WORKERS' COMPENSATION INSURANCE POLICY # UB7H11794318
INSURED
11/5/2019
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
ONE TOWN SQUARE
HARTFORD CT 01683 |
| 2.97. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CERTIFICATE OF LIABILITY INSURANCE
COMMERCIAL GENERAL LIABILITY INSURANCE POLICY # Y6307H0932TIL18
INSURED
11/5/2019
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TRAVELERS PROPERTY CASUALTY COMPANY AMERICA
ONE TOWN SQUARE
HARTFORD CT 01683 |
| 2.98. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | REAL PROPERTY LEASE
LOLLI & POPS - TYSONS CORNER
LESSEE
2024
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TYSONS CORNERS HOLDINGS LLC
ATTN CENTER MANAGER
1961 CHAIN BRIDGE ROAD
SUITE 105
MCLEAN VA 22102-4501 |

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

2.99.	Title of contract	LEASE AND AMENDMENT NO. 1	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	LOLLI & POPS - SOUTHCENTER	
	Nature of debtor's interest	LESSEE	WEA SOUTHCENTER LLC ATTN LEGAL DEPARTMENT 2049 CENTURY PARK EAST 41ST FLOOR LOS ANGELES CA 90067
	State the term remaining	1/31/2026	
	List the contract number of any government contract	_____	
2.100.	Title of contract	SHOPPING CENTER LEASE	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	LOLLI & POPS - WEST COUNTY CENTER	
	Nature of debtor's interest	LESSEE	WEST COUNTY CENTER CMBS, LLC CBL & ASSOCIATES MANAGEMENT, INC. CBL CENTER, SUITE 500 2030 HAMILTON PLACE BOULEVARD CHATTANOOGA TN 37421-6000
	State the term remaining	1/31/2027	
	List the contract number of any government contract	_____	
2.101.	Title of contract	LEASE MODIFICATION AGREEMENT NO. 1	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	CANDYOPOLIS - TOPEKA (WESTRIDGE MALL)	
	Nature of debtor's interest	LESSEE	WEST RIDGE MALL LLC ATTN MALL MANAGER 1801 SW WANAMAKER RD TOPEKA KS 66604
	State the term remaining	1/31/2021	
	List the contract number of any government contract	_____	
2.102.	Title of contract	REAL PROPERTY LEASE	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	LOLLI & POPS - TOPANGA MALL	
	Nature of debtor's interest	LESSEE	WESTFIELD TOPANGA OWNER LLC 2049 CENTURY PARK EAST 41ST FLOOR LOS ANGELES CA 90067
	State the term remaining	1/31/2026	
	List the contract number of any government contract	_____	
2.103.	Title of contract	REAL PROPERTY LEASE	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	LOLLI & POPS - WESTLAKE CENTER	
	Nature of debtor's interest	LESSEE	WESTLAKE CENTER LLC C/O WESTLAKE CENTER ATTN LAW LEASE ADMINISTRATION DEPARTMENT 110 NORTH WACKER DRIVE CHICAGO IL 60606
	State the term remaining	12/31/2027	
	List the contract number of any government contract	_____	

Debtor **Meetha Ventures LLC**Case number (if known) **19-11815**

- | | | | |
|--------|--|---|---|
| 2.104. | Title of contract | LEASE AND AMENDMENT NO. 1 FOR STORAGE RELOCATION | 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 | LOLLI & POPS - GARDEN STATE PLAZA | |
| | Nature of debtor's interest | LESSEE | WESTLAND GARDEN STATE PLAZA LIMITED PARTNERSHIP |
| | State the term remaining | 1/31/2027 | ATTN LEGAL DEPARTMENT |
| | List the contract number of any government contract | <hr/> | 2049 CENTURY PARK EAST
41ST FLOOR
LOS ANGELES CA 90049 |
| | | | |
| 2.105. | Title of contract | REAL PROPERTY LEASE | 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 | CANDYOPOLIS - WESTROADS (WESTROADS MALL) | |
| | Nature of debtor's interest | LESSEE | WESTROADS MALL |
| | State the term remaining | 7/31/2020 | C/O WESTROADS MALL LLC |
| | List the contract number of any government contract | <hr/> | ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| | | | |
| 2.106. | Title of contract | REAL PROPERTY LEASE | 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 | LOLLI & POPS - WILLOWBROOK MALL | |
| | Nature of debtor's interest | LESSEE | WILLOWBROOK MALL LLC |
| | State the term remaining | 1/31/2027 | C/O WILLOWBROOK NJ |
| | List the contract number of any government contract | <hr/> | ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| | | | |
| 2.107. | Title of contract | REAL PROPERTY LEASE | 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 | LOLLI & POPS - WILLOWBROOK TX MALL | |
| | Nature of debtor's interest | LESSEE | WILLOWBROOK MALL TX LLC |
| | State the term remaining | 2028 | C/O WILLOWBROOK MALL TX |
| | List the contract number of any government contract | <hr/> | ATTN LAW LEASE ADMINISTRATION
DEPARTMENT
110 NORTH WACKER DRIVE
CHICAGO IL 60606 |
| | | | |
| 2.108. | Title of contract | RETAIL REAL PROPERTY LEASE | 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 | TEMPORARY LEASE FOR STORING LOLLI & POPS MERCHANDISE, FIXTURES AND EQUIPMENT AND FOR NO OTHER USE OR PURPOSE (WAREHOUSE - 2621) | |
| | Nature of debtor's interest | LESSEE | WOODLAND HILLS MALL |
| | State the term remaining | 1/31/2019 | WOODLAND HILLS MALL LLC |
| | List the contract number of any government contract | <hr/> | 7021 SOUTH MEMORIAL DRIVE
SUITE 225B
TULSA OK 74133 |

Debtor **Meetha Ventures LLC**

Case number (if known) **19-11815**

2.109. **Title of contract** REAL PROPERTY LEASE

State what the contract or lease is for LOLLI & POPS - TULSA

Nature of debtor's interest LESSEE

State the term remaining 6/30/2021

List the contract number of any government contract _____

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

WOODLAND HILLS MALL LLC
225 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204-3438

Fill in this information to identify the case:**Debtor name:** Meetha Ventures LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11815☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

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

1. Does the debtor have any codebtors?

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

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. LOLLI AND POPS, INC.	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. LOLLI AND POPS, INC.	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. LOLLI AND POPS, INC.	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. LOLLI AND POPS, INC.	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. LOLLI AND POPS, INC.	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. LOLLI AND POPS, INC.	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 **Meetha Ventures LLC**Case number (if known) **19-11815**

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:** Meetha Ventures LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 19-11815Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

Declaration and signature

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

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

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

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

Executed on 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