

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re:

NEW ENGLAND MOTOR FREIGHT, INC.,
et al.,

Debtors.¹

Chapter 11

Case No. 19-12809 (JKS)

(Jointly Administered)

**NOTICE OF AMENDMENT OF DEBTOR NEW ENGLAND MOTOR FREIGHT,
INC.'S SCHEDULES OF ASSETS AND LIABILITIES**

PLEASE TAKE NOTICE that, pursuant to Rule 1009(a) of the Federal Rules of Bankruptcy Procedure, New England Motor Freight, Inc. ("NEMF"), one of the debtors and debtors in possession in the above-captioned chapter 11 cases (collectively, the "Debtors"), hereby amends its Schedules of Assets and Liabilities [Docket No. 411] (the "Schedules") as set forth herein.

PLEASE TAKE FURTHER NOTICE that NEMF's responses are amended as follows: (i) replacing the Summary of Assets and Liabilities for Non-Individuals and Schedule E/F part 4 in their entirety with the Summary of Assets and Liabilities for Non-Individuals and Schedule E/F part 4 attached hereto as **Exhibit A**; and (ii) the addition of the responses to Schedule E/F Part 2 of the Schedules (listing unsecured non-priority creditors), also attached hereto as **Exhibit A** (the "Schedule Amendment"). The Schedules are otherwise unaltered with respect to any and all information previously included therein, including, but not limited to, the previous responses provide in Schedule E/F Part 2 of the Schedules.

¹ The Debtors in these chapter 11 cases and the last four digits of each Debtor's taxpayer identification number are as follows: New England Motor Freight, Inc. (7697); Eastern Freight Ways, Inc. (3461); NEMF World Transport, Inc. (2777); Apex Logistics, Inc. (5347); Jans Leasing Corp. (9009); Carrier Industries, Inc. (9223); Myar, LLC (4357); MyJon, LLC (7305); Hollywood Avenue Solar, LLC (2206); United Express Solar, LLC (1126); and NEMF Logistics, LLC (4666).

PLEASE TAKE FURTHER NOTICE that the Schedule Amendment is subject to the *Global Notes, Methodology And Specific Disclosures Regarding The Debtors' Schedules Of Assets And Liabilities And Statement Of Financial Affair* filed with the Schedules. The Debtors reserve the right to file any additional amendments or supplements to the Debtors' respective Schedules of Assets and Liabilities and Statements of Financial Affairs.

Dated: May 7, 2019

GIBBONS P.C.

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*Counsel to the Debtors
and Debtors-in-Possession*

EXHIBIT A

SCHEDULE AMENDMENT

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re:

NEW ENGLAND MOTOR FREIGHT, INC.,
et al.,

Debtors.¹

Chapter 11

Case No. 19-12809 (JKS)

(Jointly Administered)

**AMENDMENTS TO DEBTOR NEW ENGLAND MOTOR FREIGHT, INC.'S
SCHEDULES OF ASSETS AND LIABILITIES**

¹ The Debtors in these chapter 11 cases and the last four digits of each Debtor's taxpayer identification number are as follows: New England Motor Freight, Inc. (7697); Eastern Freight Ways, Inc. (3461); NEMF World Transport, Inc. (2777); Apex Logistics, Inc. (5347); Jans Leasing Corp. (9009); Carrier Industries, Inc. (9223); Myar, LLC (4357); MyJon, LLC (7305); Hollywood Avenue Solar, LLC (2206); United Express Solar, LLC (1126); and NEMF Logistics, LLC (4666).

Fill in this information to identify the case:

Debtor name: New England Motor Freight, Inc.

United States Bankruptcy Court for the: District of New Jersey

Case number (if known): 19-12809

☒ 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 | \$10,572,612.48 |
| 1b. Total personal property: Copy line 91A from Schedule A/B | \$149,704,213.82 |
| 1c. Total of all property: Copy line 92 from Schedule A/B | \$160,276,826.30 |

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 | \$69,577,192.17 |
| 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 | \$272,877.11 |
| 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 | + \$56,592,108.74 |
| 4. Total liabilities Lines 2 + 3a + 3b | \$126,442,178.02 |

Debtor **New England Motor Freight, Inc.**

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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.

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| 3.1. | Nonpriority creditor's name and mailing address A&S COURIER INC. 2559 BRUNSWICK AVE, LINDEN NJ 07036 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.2. | Nonpriority creditor's name and mailing address ABBA PORDUCTS 1301 CENTRAL AVE. HILLSIDE NJ 07205 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.3. | Nonpriority creditor's name and mailing address ABBOTT RUBBER COMPANY 1450 GREEN LEAF AVE ELK GROVE VILLAGE IL 60007 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

Case number (if known) **19-12809**

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| 3.4. | Nonpriority creditor's name and mailing address ACCURATE FASTERNERS INC. 550 E. FIRST STREET S. BOSTON MA 02127 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.5. | Nonpriority creditor's name and mailing address ADRIENNE GIANESIN 100 WEST SUSQUEHANNA AVE. TOWSON MD 21204 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.6. | Nonpriority creditor's name and mailing address AGIS 5 FORGE PARKWAY FRANKLIN MA 02038 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

Case number (if known) **19-12809**

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| 3.7. | Nonpriority creditor's name and mailing address AIR JET EXPRESS 147-16 181ST STREET JAMAICA NY 11413 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.8. | Nonpriority creditor's name and mailing address ALL TEX INC 14093 BALBOA BLVD SYLMAR CA 91342 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.9. | Nonpriority creditor's name and mailing address ALLIED BUILDING 2701 BELLS RD RICHMOND VA 23234 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

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| 3.10. | Nonpriority creditor's name and mailing address ALLSIDE 8423 SANFORD DR RICHMOND VA 23228 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.11. | Nonpriority creditor's name and mailing address ALLSTATE INSURANCE SUBROGEE FOR KRISTI EDWARDS P.O. BOX 650271 DALLAS TX 75265 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.12. | Nonpriority creditor's name and mailing address ALLSTATE PROPERTY AND CASUALTY INC. CO SUBROGEE FOR BRENDA TROMBLEY P.O. BOX 660636 DALLAS TX 75266 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

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| 3.13. | Nonpriority creditor's name and mailing address ALLSTATE SUBROGEE FOR GERMAN ALTER P.O. BOX 650506 DALLAS TX 75265 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.14. | Nonpriority creditor's name and mailing address ALSTATE SUBROGEE KRISTI EDWARDS PO BOX 660636 DALLAS TX 75266 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.15. | Nonpriority creditor's name and mailing address AMERICAN BLUE SKY 507 N WEST AVE BLACKSTONE VA 23824 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

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| 3.16. | Nonpriority creditor's name and mailing address AMERICAN TRANSIT INSURANCE CO SUBROGEE FOR MARTINEZ PEDRO ONE MITROTECH CENTER BROOKLYN NY 11201 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.17. | Nonpriority creditor's name and mailing address AMHURST ST. WINE AND LIQUOR PATRICK FISHER 601 AMHERST STREET AMHURST NY 14207 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.18. | Nonpriority creditor's name and mailing address AMY KIRSHBAUM 2702 SNOWBERRY PLACE OINGY MD 20832 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

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| 3.19. | Nonpriority creditor's name and mailing address ANNA VACHAWSKI 2 CANYON DR. COVENTRY RI 02816 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.20. | Nonpriority creditor's name and mailing address ANTHONY PALOVICK 831 HUFF AVE MANVILLE NJ 08835 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.21. | Nonpriority creditor's name and mailing address ANTONI SAMPSON 285 PLANTATION ST WORCESTER MA 01604 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

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| 3.22. | Nonpriority creditor's name and mailing address APRIL MASON 133-20 ROOSEVELT AVE. APT. 5A QUEENS NY 11354 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.23. | Nonpriority creditor's name and mailing address ARBELLA INSURANCE CO. SUBRO FOR EUGENE DEJESUS 1100 CROWN COLONY DRIVE QUINCY MA 02269 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.24. | Nonpriority creditor's name and mailing address ARBELLA MUTUAL INSURANCE CO. 1100 CROWN COLONY DRIVE P.O. BOX 699195 QUINCY MA 02269 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

Case number (if known) **19-12809**

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| 3.25. | Nonpriority creditor's name and mailing address ARQUETA GILBERTO 425 64TH APT. 1 WEST NEW YORK NJ 0793 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.26. | Nonpriority creditor's name and mailing address ARTURO CHICK MAHWAH NJ 07430 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.27. | Nonpriority creditor's name and mailing address ARYEALS CASTILLO 644 LINWOOD ST. BROOKLYN NY 11208 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

Case number (if known) **19-12809**

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| 3.28. | Nonpriority creditor's name and mailing address ASHER PEARL 1438 EAST 13TH STREET BROOKLYN NY 11230 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.29. | Nonpriority creditor's name and mailing address ASHLEY MECHANICAL 27 EMERICK STREET KINGSTON NY 12401 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.30. | Nonpriority creditor's name and mailing address B.J. DIGIROLAMO 25 SPINNER LANE COMMACK NY 11725 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

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| 3.31. | Nonpriority creditor's name and mailing address BABACAR NDIAYE 414 E, 119TH ST APT. 4FW NEW YORK NY 11234 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.32. | Nonpriority creditor's name and mailing address BARGAN OUTLETS #6294 20 PILLA ST WARWICK RI 02886 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.33. | Nonpriority creditor's name and mailing address BAY AREA MOVER INC. ONE VICTORY COURT PORTSMOUTH VA 23702 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

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| 3.34. | Nonpriority creditor's name and mailing address BD CARRIERS 24 SUNSET CIRCLE E WING KY 41039 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.35. | Nonpriority creditor's name and mailing address BED BATH AND BEYOND 850 THIRD AVE BROOKLYN NY 11232 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.36. | Nonpriority creditor's name and mailing address BELINDA LEVERN VAUGHN 111 PATERSON AVE HOBOKEN NJ 07030 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

Debtor **New England Motor Freight, Inc.**

Case number (if known) **19-12809**

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| 3.37. | Nonpriority creditor's name and mailing address BENJAMIN CHOUAKE 245 HUTCHINSON RD ENGLEWOOD NJ 07631 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.38. | Nonpriority creditor's name and mailing address BENJAMIN MOORE 360 US 206 FLANDERS NJ 07836 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.39. | Nonpriority creditor's name and mailing address BIG M TRANSPORT 67 LOVE LANE NETCONG NJ 07857 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.40. | Nonpriority creditor's name and mailing address BLACK NOSE PET RESORT 11015 DUDE RANCH RD. GLEN ALLEN VA 23059 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.41. | Nonpriority creditor's name and mailing address BLUE RIDGE LUMBER 12 JACKSONBURG ST BLAIRTOWN NJ 07825 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.42. | Nonpriority creditor's name and mailing address BONNIE HEITZ P.O. BOX 404 CANAAN NY 12029 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.43. | Nonpriority creditor's name and mailing address BRANDALYN WASHBURN 14 BLUEBIRD TERR FORT EDWARD NY 12828 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.44. | Nonpriority creditor's name and mailing address BRANDON JAMES WILLIAMS 103 OLD HOUSE CT PIKESVILLE MD 21208 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.45. | Nonpriority creditor's name and mailing address BRENDA ROSARIO 181 SHERBROOK ST APT. 20 BRISTOL CT 06010 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.46. | Nonpriority creditor's name and mailing address BRENT BOMIA 98 ELLENEL BLVD SPOTSWOOD NJ 08884 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.47. | Nonpriority creditor's name and mailing address BRIDGET LAVELLE 583 INDIAN RUN DR HUMMELSTOWN PA 17036 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.48. | Nonpriority creditor's name and mailing address BUDGET RENTAL TRUCK 2230 BROAD ROCK BLVD RICHMOND VA 23224 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.49. | Nonpriority creditor's name and mailing address BULL DOG WRECKER 8 FRELINGHUYSEN AVE NEWARK NJ 07114 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.50. | Nonpriority creditor's name and mailing address C&C AUTOMOTIVE 130 WOODSIDE AVE BRIARCLIFF MANOR NY 10510 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.51. | Nonpriority creditor's name and mailing address CAB EAST LLC 2975 BRECKENRIDGE BLVD DULUTH GA 30096 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.52. | Nonpriority creditor's name and mailing address CAMPBELL SUPPLY 1015 CRANBERRY SOUTH RIVER RD S. BRUNSWICK NJ 08831 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.53. | Nonpriority creditor's name and mailing address CARLOS E. QUIZHPI-QUIZHPI 611 ABBINGTON DR. APT. D35 E. WINDSOR NJ 08520 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.54. | Nonpriority creditor's name and mailing address CAROLINE CORDERO 518 HADLEY WEST DR. HAAVERHILL MA 01832 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.55. | Nonpriority creditor's name and mailing address CARRIE SHAFER 38 LINDEN AVE VERONA NJ 07044 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.56. | Nonpriority creditor's name and mailing address CASEY TIMMERMAN 318 MONREO ST. APT. 4 HOBOKEN NJ 07030 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.57. | Nonpriority creditor's name and mailing address CCAP AUTO LEASE LTD P.O. BOX 961272 FORT WORTH TX 76161 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.58. | Nonpriority creditor's name and mailing address CELESTE WEISMAN CENTRAL AVE, AMAGANSETT NJ 11930 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.59. | Nonpriority creditor's name and mailing address CENTIMARK 219 INDUSTRIAL DR. FRANKLIN OH 45005 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.60. | Nonpriority creditor's name and mailing address CHAD LITTLE - JOHN DEERE 181 PLEASANT ST. BRUNSWICK ME 04011 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.61. | Nonpriority creditor's name and mailing address CHASE CARRIERS 5045 OAKTON STREET SKOKIE IL 60077 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.62. | Nonpriority creditor's name and mailing address CHILDS PLAY 250 MINOT AVE. AUBURN ME 04210 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.63. | Nonpriority creditor's name and mailing address CIOX HEALTH PO BOX 1812 ALPHARETTA GA 30023-1812 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION SUPPORT Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$120.00 |

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| 3.64. | Nonpriority creditor's name and mailing address CITIZENS ASSET FINANCE INC. 480 JEFFERSON BLVD WARWICK RI 02886 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.65. | Nonpriority creditor's name and mailing address CITY OF ELMIRA 400 E CHURCH ST ELMIRA NY 14901 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.66. | Nonpriority creditor's name and mailing address CITY OF FALL RIVER 1 GOVERNMENT CENTER FALL RIVER MA 02721 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.67. | Nonpriority creditor's name and mailing address CITY OF PATTERSON 155 MARKET STREET PATTERSON NJ 07513 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.68. | Nonpriority creditor's name and mailing address CLARK DISTRIBUTORS 11700 MEXICA FARMS DR. CUMBERLAND MD 21502 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.69. | Nonpriority creditor's name and mailing address CLASSIC CARRIERS INC 151 INDUSTRIAL PARKWAY VERSAILLES OH 45380 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.70. | Nonpriority creditor's name and mailing address COLIN RYNNE 9008 48TH PLACE COLLEGE PARK MD 20740 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.71. | Nonpriority creditor's name and mailing address CORE BUSINESS 2224 PAWTUCKET AVE E. PROVIDENCE RI 02914 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.72. | Nonpriority creditor's name and mailing address CREATIVE SOLUTIONS INVESTIGATIVE SERVICES PO BOX 701 MORRIS PLAINS NJ 07950 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION SUPPORT Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$5,874.21 |

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| 3.73. | Nonpriority creditor's name and mailing address CROWN LIFT TRUCKS 2 PRESIDENTIAL WAY WOBURN MA 01801 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.74. | Nonpriority creditor's name and mailing address CURTIS L. WILSON JR. 20 CUMMINGS ST. APT. 3 IRVINGTON NJ 07111 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.75. | Nonpriority creditor's name and mailing address CYNTHIA MALDONADO 15 FRANKLIN STREET POUGHKEEPSIE NY 18677 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.76. | Nonpriority creditor's name and mailing address DADDI ETTORE 552 77TH STREET BROOKLYN NY 11209 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.77. | Nonpriority creditor's name and mailing address DAKOTA CARRIERS 4000 N. NATIONAL AVE SIOUX FALLS SD 57104 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.78. | Nonpriority creditor's name and mailing address DANARENE GAINES 59 PRESIDENTIAL DR. SICKLERVILLE NJ 08081 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.79. | Nonpriority creditor's name and mailing address DANIEL TRUCHAN III DIRECTOR OF OPERATIONS WALT WHITMAN SHOPS 160 WALT WHITMAN ROAD SUITE 1101 HUNTINGTON STATION NY 11746 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.80. | Nonpriority creditor's name and mailing address DARIUSZ KAROSEWICA 8335 139TH STREET BRIARWOOD NY 11435 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.81. | Nonpriority creditor's name and mailing address DARREN L. PELLMAN 4410 SPRING DAWN TROTWOOD OH 45426 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.82. | Nonpriority creditor's name and mailing address DAVE'S SMALL ENGINE 910 MAIN ST OXFORD ME 04270 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.83. | Nonpriority creditor's name and mailing address DAVID ALMONTE FERNANDEZ 79 VAN SICLEN AVE. APT 3 BROOKLYN NY 11207 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.84. | Nonpriority creditor's name and mailing address DAVID GONZALEZ 2929 LONE OAK RD EAGAN MN 55121 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.85. | Nonpriority creditor's name and mailing address DAVID PLATT 240 EAST 72ND STREET NEW YORK NY 10021 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.86. | Nonpriority creditor's name and mailing address DEBORAH PECK 231 BUSHWICK AVE MERRICK NY 11566 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.87. | Nonpriority creditor's name and mailing address DEMA EXPRESSLLC 14107 SUSANA LANE FRISCO TX 75305 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.88. | Nonpriority creditor's name and mailing address DETECTIVE MICHAEL J. BURHMANN CRIMINAL INVESTIGATION DIVISION WEST WHITELAND TOWNSHIP P.D. 101 COMMERCE DR. EXTON PA 19341 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.89. | Nonpriority creditor's name and mailing address DIAMOND REPORTING & LEGAL VIDEO 16 COURT STREET SUITE 907 BROOKLYN NY 11241 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION SUPPORT Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$418.00 |
| 3.90. | Nonpriority creditor's name and mailing address DIANE HEWITT 8 OMLEY PL NEW YOR NY 10956 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.91. | Nonpriority creditor's name and mailing address DIANNE RIZZO 1735 R. JEFFERSON AVE. GLENVIEW IL 60025 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.92. | Nonpriority creditor's name and mailing address DOCK AREA BUILDERS 115 WRIGHT AVE, COCKEYSVILLE MD 23030 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.93. | Nonpriority creditor's name and mailing address DOMINION POWER 801 FENTRESS AIRFIELD RD, CHESAPEAKE CITY VA 23322 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.94. | Nonpriority creditor's name and mailing address DOMINION POWER 56 CANAL CENTER PLAZA ALEXANDRIA VA 22314 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.95. | Nonpriority creditor's name and mailing address DOWNTOWN MUNICIPAL BUILDING 10 WEST LANCASTER AVE. DOWNTOWN PA 19335 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.96. | Nonpriority creditor's name and mailing address DULLES TOLL ROAD ADMINISTRATION 8500 TOLL PLAZA LANE MCLEAN VA 22102 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.97. | Nonpriority creditor's name and mailing address EAN HOLDINGS LLC 14002 EAST 21ST STREET TULSA OK 74101 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.98. | Nonpriority creditor's name and mailing address EDGAR FLORES 2687 COLONIAL DR. ELGIN IL 60124 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.99. | Nonpriority creditor's name and mailing address EDGAR REMACHE 36 EUCLID AVE, 1ST FLOOR HACKENSACK NJ 07601 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.100. | Nonpriority creditor's name and mailing address EDITH NOREK 86 GARRISON DR. ELLIOT ME 03903 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.101. | Nonpriority creditor's name and mailing address EDWARD BURGER 18 CORIE CT PORT JEFFERSON NY 11777 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.102. | Nonpriority creditor's name and mailing address ELEVATOR INTERIOR DESIGN MARC SCANNELLI - PURCHASING MGR 100 MARINE BLVD LYNN MA 01905 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.103. | Nonpriority creditor's name and mailing address ELLY POSTON INTERIOR AND CLAIR FLORENCE 376 OYSTER BAY RD LOCAST VALLEY NY 11560 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.104. | Nonpriority creditor's name and mailing address EMBASSY CREATIONS MANTON INDUSTRIALS 120 MANTON AVE PROVIDENCE RI 02909 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.105. | Nonpriority creditor's name and mailing address ERB 1400 SENECA ST. BUFFALO NY 14210 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.106. | Nonpriority creditor's name and mailing address ERIC PARRISH 140 WELLS AVE. DORCHESTER MA 02124 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.107. | Nonpriority creditor's name and mailing address ERIE INSURANCE DARYLE WILLIAMS - CLAIMS SPECIALISTS 4901 LOUISE DR. ROSSMOYNE BUSINESS CENTER P.O. BOX 2013 MECHANICSBURG PA 17055 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.108. | Nonpriority creditor's name and mailing address ESTES EXPRESS 6848 MT. HERMAN RD. MORRISVILLE NC 27560 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.109. | Nonpriority creditor's name and mailing address EVERSOURCE CLAIMS DEPT. PO BOX 270 HARTFORD CT 06141 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.110. | Nonpriority creditor's name and mailing address EXPORT 60170 LINDEN AVE LINDEN NJ 07036 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.111. | Nonpriority creditor's name and mailing address EXPRESS CONTRACTING 983 NORTHERN BLVD MANHASSET NY 11030 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.112. | Nonpriority creditor's name and mailing address EXXON GAS 321 MIDWAY RD. BETHEL PA 19507 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.113. | Nonpriority creditor's name and mailing address F&M TRANSPORT RT 46 47 VALLEY ST DELAWARE NJ 07833 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.114. | Nonpriority creditor's name and mailing address FARAIL BAKSHT 725 VALLEY ROAD MONTCLAIR NJ 07043 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.115. | Nonpriority creditor's name and mailing address FEDEX GROUND 29 TOELLES RD WALLINGFORD CT 06492 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.116. | Nonpriority creditor's name and mailing address FERMIN CALDERON DUJARRIC 2029 BUCKINGHAM DR MARS PA 16046 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.117. | Nonpriority creditor's name and mailing address FIRST STUDENT BUS 8775 ALEXANDER RD BATAVIA NY 14020 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.118. | Nonpriority creditor's name and mailing address FORTUNES TRUE VALUE 66 MAIN ST. TUPPER LAKE NY 12986 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.119. | Nonpriority creditor's name and mailing address FREEMAN EXPOSITIONS INC. 9900 BUSINESS PARKWAY LANHAM MD 20706 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.120. | Nonpriority creditor's name and mailing address GALLAGHER SHARP TODD HAEMMERLE 1501 EUCLID AVENUE 6TH FLOOR CLEVELAND OH 44115 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.121. | Nonpriority creditor's name and mailing address GEICO LAUREN K - CLAIMS DEPT P.O. BOX 9111 MACON GA 31208 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.122. | Nonpriority creditor's name and mailing address GEICO NICOLE REEVES - CLAIMS DEPT P.O. BOX 9515 FREDERICKSBURG VA 22403 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.123. | Nonpriority creditor's name and mailing address GEICO EMPLOYEES INSURANCE COMPANY SUBROGEE CANDICE YIP BUFFALO/NEW JERSEY CLAIMS P.O. BOX 9515 FREDERICKSBURG VA 22403 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.124. | Nonpriority creditor's name and mailing address GEICO GENERAL INSURANCE CO SUBROGEE FOR SAMUEL MULLER P.O. BOX 9111 MACON GA 31208 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.125. | Nonpriority creditor's name and mailing address GELCO CORP 3 CAPITAL DRIVE EDEN PRARIE MN 55344 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.126. | Nonpriority creditor's name and mailing address GEMS PET GROOMING 333 GRAY RD FALMOUTH ME 04105 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.127. | Nonpriority creditor's name and mailing address GERARD WASSERMAN 164 7TH STREET HOBOKEN NJ 07030 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.128. | Nonpriority creditor's name and mailing address GERMAN GALLAHER AND MURTAGH PC GARY R GREMMINGER ESQ 200 S BROAD ST THE BELLEVUE STE 500 PHILADELPHIA PA 19102 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.129. | Nonpriority creditor's name and mailing address GLAMOUR POOLS 2 LISBON RD LISBON ME 04250 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.130. | Nonpriority creditor's name and mailing address GLUCKENHEIMER 450 WEST 33RD STREET MANHATTAN NY 10001 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.131. | Nonpriority creditor's name and mailing address GUARANTEED SUBPOENA SERVICE, INC. PO BOX 2248 UNION NJ 07083 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION SUPPORT Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$95.00 |
| 3.132. | Nonpriority creditor's name and mailing address GUNNING & LAFAZIA INC. KEVIN HOLLEY 33 COLLEGE HILL ROAD SUITE 2B WARWICK RI 02886 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.133. | Nonpriority creditor's name and mailing address HANOVER INSURANCE CO SUBROGEE FOR RENO MACHINE COMPANY INC. AUTO PHYSICAL DAMAGE UNIT P.O. BOX 15145 WORCESTER MA 01615 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.134. | Nonpriority creditor's name and mailing address HANSOL PARK 146 QUEEN VICTORIA ST. CULPEPPER VA 22701 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.135. | Nonpriority creditor's name and mailing address HD SUPPLY ROSLYUN JACKSON 2500 GLEN CENTER ST RICHMOND VA 23223 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.136. | Nonpriority creditor's name and mailing address HOLDEN STORAGE 789 WACHUSETT ST. HOLDEN MA 01520 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.137. | Nonpriority creditor's name and mailing address HOLIDAY INN EXPRESS 1835 ULSTER AVE LAKE KATRINE NY 12449 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.138. | Nonpriority creditor's name and mailing address HOME DEPORT 1370 HUFFVILLE RD DEPTFORD NJ 08096 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.139. | Nonpriority creditor's name and mailing address HOME DEPOT 11260 W, BROAD ST HENRICO VA 23060 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.140. | Nonpriority creditor's name and mailing address HOME DEPOT SUPPLY 110 PEGNASSI PORT GLEN ALLEN VA 23059 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.141. | Nonpriority creditor's name and mailing address HOUSER MIKE LEVY LLC 3013 ARIZONA AVE PARKVILLE MD 21234 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.142. | Nonpriority creditor's name and mailing address I & A CONSTRUCTION 10023 OLDE KENT DRIVE SPOTSYLVANIA VA 22551 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.143. | Nonpriority creditor's name and mailing address IDL TECHNIEDGE 30 BORIGHT AVE KENILWORTH NJ 07033 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.144. | Nonpriority creditor's name and mailing address IMEDVIEW, INC. 380 LEXINGTON AVENUE 17TH FLOOR NEW YORK NY 10168 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION SUPPORT Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$5,350.00 |

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| 3.145. | Nonpriority creditor's name and mailing address INGRID MARCEL 2909 STILLWOOD CIRCLE APT. 402 FALLS CHURCH VA 22042 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.146. | Nonpriority creditor's name and mailing address J&H AITCHESON 315 SO STREET SE LEESBURG VA 20175 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.147. | Nonpriority creditor's name and mailing address JAMES FELTNER 3117 MYERS RD CARLISLE KY 40311 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.148. | Nonpriority creditor's name and mailing address JAMES OLSZEWSKI 3499 RUHL RD NEW FREEDOM PA 17349 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.149. | Nonpriority creditor's name and mailing address JAMIE ANN FAK 403 DONIN DR. APT. 307 ANTIOCH IL 60002 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.150. | Nonpriority creditor's name and mailing address JANIELLE GARRETT HOLLILS 1686 BEAVER RIDGE DR. B KETTERING OH 45429 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.151. | Nonpriority creditor's name and mailing address JB HAYES MECHANICAL CONTRAT 4 NEWPORT DR. STE 1 FOREST HILL MD 21050 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.152. | Nonpriority creditor's name and mailing address JB HUNT 615 JB HUNT CORPORATE DR. LOWELL AR 72745 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.153. | Nonpriority creditor's name and mailing address JEFF RAKOWSKI 14002 E. 21ST STREET TULSA OK 74134 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.154. | Nonpriority creditor's name and mailing address JEFFREY SEEL 214 ANN STREET CUMBERLAND RI 02864 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.155. | Nonpriority creditor's name and mailing address JENOLEE WILLIAMS 8846 163RD ST APT. 46E JAMAICA NY 11432 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.156. | Nonpriority creditor's name and mailing address JERSEY SHORE PROVISIONS INC. 510 7TH AVE. BELMAR NJ 07719 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.157. | Nonpriority creditor's name and mailing address JESSICA BLAIS - DISTRICT SECRETARY PLAINVIEW WATER DISTRICT 10 MANETTO HILL ROAD PLAINVIEW NY 11803 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.158. | Nonpriority creditor's name and mailing address JESSICA SWEENEY, TRANSPORTATION MGR. CLARKS AMERICA INC. 355 KINDIG LANE HANOVER PA 17331 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.159. | Nonpriority creditor's name and mailing address JOHN ALMONTE 447 HUDSON ST HACKENSACK NJ 07601 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.160. | Nonpriority creditor's name and mailing address JOHN HEININGER 2603 DAVIES AVE PENNSAUKEN NJ 08109 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.161. | Nonpriority creditor's name and mailing address JOHN OCKRIN 1940 SNYDER LANE, P.O. BOX 50 DAUPHIN PA 17018 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.162. | Nonpriority creditor's name and mailing address JOHN PARKER 30 WEST ROCK STREET KIPLEY MS 38663 Date or dates debt was incurred _____ Last 4 digits of account number: NO SUCH CITY IN MS | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.163. | Nonpriority creditor's name and mailing address JOHNATHAN POWELL 618 N. MAPLE AVE. EAST ORANGE NJ 07017 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.164. | Nonpriority creditor's name and mailing address JONATHAN YERKES 131 WISNER AVE MIDDLETOWN NY 10940 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.165. | Nonpriority creditor's name and mailing address JOSE GALAVIZ 11 PAYAN ST WARWICK RI 02893 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.166. | Nonpriority creditor's name and mailing address JOSE PASTOR ARGUETALEMUS 282 MISSOURI AVE HERNDON VA 20170 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.167. | Nonpriority creditor's name and mailing address JOSEPH BREAKSTONE 87 CEDARHURST AVE POINT LOOKOUT NY 11569 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.168. | Nonpriority creditor's name and mailing address JOSH BURRESS OPERATIONS DIRECTOR 241 FORT EVANS, NE SUITE 241 LEESBURG VA 20176 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.169. | Nonpriority creditor's name and mailing address JUAN ACOSTA AUTO BODY JOBBERS 245 PACK AVE, PATERSON NJ 07501 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.170. | Nonpriority creditor's name and mailing address JUSTIN SITAO 9 WOODVIEW WAY UNIT A21 HOPKINTON MA 01748 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.171. | Nonpriority creditor's name and mailing address KARN ELAM 1406 CHICAGO AVE. EVANSTON IL 60201 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.172. | Nonpriority creditor's name and mailing address KATHERINE STRACK 315 WOODHAVEN BLVD SW BAYVILLE NJ 08721 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.173. | Nonpriority creditor's name and mailing address KATHLEE E. WOOD 859 HARRISON ST. WEST HEMPSTEAD NY 11552 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.174. | Nonpriority creditor's name and mailing address KELLY CAVANAUGH 6 CARA LANE WESTFIELD MA 01085 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.175. | Nonpriority creditor's name and mailing address KEMSCO CONSTRUCTION AND EQUIPMENT CO. 139 HARPER STREET NEWARK NJ 07114 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.176. | Nonpriority creditor's name and mailing address KENT LANIER 305 WEST 20TH STREET NEW YORK NY 10011 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.177. | Nonpriority creditor's name and mailing address KERRI GARDNER 91 SOUTH STREET WALTHAM MA 02453 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.178. | Nonpriority creditor's name and mailing address KEVIN SEABROOK 423 LOWER ALDEN DRIVE RAHWAY NJ 07065 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.179. | Nonpriority creditor's name and mailing address KIESHA JACKSON 57 STEWART AVE. IRVINGTON NJ 07111 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.180. | Nonpriority creditor's name and mailing address KIMYADA JORDAN 1978 MARLAND AVE APT A COLUMBUS OH 43203 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.181. | Nonpriority creditor's name and mailing address KRISHNA GROCERIES 2300 SOUTH ROAD POUGHKEEPSIE NY 12601 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.182. | Nonpriority creditor's name and mailing address LEARING LINKS 26 HAYPRESS RD CRANBURY NJ 08512 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.183. | Nonpriority creditor's name and mailing address LEASE PLAN USA LT 1165 SANCTUARY PARKWAY ALPHARETTA GA 30009 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.184. | Nonpriority creditor's name and mailing address LIFEBRIDGE HEALTH INC. 2401 W. BELVEDERE AVE. BALTIMORE MD 21215 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.185. | Nonpriority creditor's name and mailing address LINELL BROOKS 604 RED HORSE LANE VIRGINIA BEACH VA 23462 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.186. | Nonpriority creditor's name and mailing address LIUCCI SALVATORE 3104 ROUTE 44 55 GARDINER NY 12525 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.187. | Nonpriority creditor's name and mailing address LOCKHOUSE DISTILLERY 41 COLUMBIA STREET BUFFALO NY 14204 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.188. | Nonpriority creditor's name and mailing address LOS MERCEDES HOME APPLIANCE 250 BROADWAY LAWRENCE MA 01840 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.189. | Nonpriority creditor's name and mailing address MAPFRE INSURANCE SUBROGEE FOR GORDON A. KING 11 GORE ROAD WEBSTER MA 01570 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.190. | Nonpriority creditor's name and mailing address MARCOS GARCIA 4196 GLEANE ST #B7 ELMHURST NY 11373 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.191. | Nonpriority creditor's name and mailing address MARIAN LEE 76 SYLVAN DR. MORRIS PLAINS NJ 07046 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.192. | Nonpriority creditor's name and mailing address MARISSA MACALUSO 7 CRESTWOOD BLVD FARMINGDALE NY 17350 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.193. | Nonpriority creditor's name and mailing address MARK NARIDOE 300 PLEASANT STREET N. HAMPTON MA 01060 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.194. | Nonpriority creditor's name and mailing address MARRIOT HOTEL 235 E. MAIN STREET NORFOLK VA 23510 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.195. | Nonpriority creditor's name and mailing address MARY KUSEK 825 LORD LEIGHTON WAY VIRGINIA BEACH VA 23454 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.196. | Nonpriority creditor's name and mailing address MAVIS TIRE CENTER 3050 ROCKAWAY TURNPIKE LAWRENCE NY 11559 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.197. | Nonpriority creditor's name and mailing address MAXWELL SCHMIDTKE 401 CUMBERLAND AVE. APT 710 PORTLAND ME 04101 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.198. | Nonpriority creditor's name and mailing address MEASHAWN BRAND 340 RIVERSTONE DR. COVINGTON GA 30014 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.199. | Nonpriority creditor's name and mailing address MELINDA LONDOS 27 PAMELA COURT DEPEW NY 14043 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.200. | Nonpriority creditor's name and mailing address MERCURY INSURANCE GROUP SUBROEE FOR CHANTEL WOODARD 685 HIGHWAY 202/206 SUITE 301 BRIDGEWATER NJ 08807 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.201. | Nonpriority creditor's name and mailing address MERRY GO ROUND PLAYHOUSE INC. 6861 E. LAKE RD AUBURN NY 13021 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.202. | Nonpriority creditor's name and mailing address MET LIFE SUBROGATION P.O. BOX 2204 CHARLESTON NC 28241 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.203. | Nonpriority creditor's name and mailing address MET LIFE AUTO AND HOME NORTHEAST FIELD CLAIM OFFICE P.O. BOX 2205 CHARLOTTE NC 28241 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.204. | Nonpriority creditor's name and mailing address MEYER DARRAH BUCKLER BENEK AND ECK PLLC EDWARD G BRANDENSTEIN ESQ 600 GRANT ST US STEEL TOWER STE 4950 PITTSBURGH PA 15229 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.205. | Nonpriority creditor's name and mailing address MICHAEL FAHY 5 ENGLISH STREET SALEM MA 01970 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.206. | Nonpriority creditor's name and mailing address MICHAEL JOSEPH SIMONE JR. 1521 ARBOR VIEW RD SLIVER SPRINGS MD 20901 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.207. | Nonpriority creditor's name and mailing address MICHAEL MAREE 550 MT. ZION RD APT. 223 FLORENCE KY 41042 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.208. | Nonpriority creditor's name and mailing address MICHAEL STEPHENS 133 RHODE ISLAND AVE. EAST ORANGE NJ 07017 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.209. | Nonpriority creditor's name and mailing address MICHAEL WILLIAMS 46 LAVENTHAL AVE IRVINGTON NJ 07111 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.210. | Nonpriority creditor's name and mailing address MID POST CLEANING 28 FAST AVE MONROE NY 10950 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.211. | Nonpriority creditor's name and mailing address MOHAMMAD CHOWOHRY 5 HEMSING DR. LUMBERTON NJ 08048 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.212. | Nonpriority creditor's name and mailing address MORRIS COUNTY COLLEGE MUSIC TECH BUILDING 214 CENTER GROVE RD RANDOLPH NJ 07869 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.213. | Nonpriority creditor's name and mailing address MOST RELIABLE COURIER INC. 147-60 175TH STREET JAMAICA NY 11434 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.214. | Nonpriority creditor's name and mailing address MR Z'S TRUCKING 17902 100 AVE QUEENS NY 11434 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.215. | Nonpriority creditor's name and mailing address MUNI TECH INC. 344 JOHN DIETSCH BLVD UNIT #3 NORTH ATTLEBORO MA 02760 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.216. | Nonpriority creditor's name and mailing address NATASHA A. STOVER 39 CHESTNUT AVE IRVINGTON NJ 07111 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.217. Nonpriority creditor's name and mailing address NATIONAL COMMERCIAL SERVICES 6644 VALJEAN AVE SUITE 100 VAN NUYS CA 91406 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | |
| 3.218. Nonpriority creditor's name and mailing address NATIONAL GENERAL SUBROGATION DEPT. P.O. BOX 89476 CLEVELAND OH 44101 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | |
| 3.219. Nonpriority creditor's name and mailing address NATIONAL GRID NON UTILITY BILLING 300 ERIE BLVD SYRACUSE NY 13202 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.220. | Nonpriority creditor's name and mailing address NATIONWIDE SUBROGEE SARAH HELMICK TRUST DEPT. 1200 LOCUST ST., DEPT 6176 DES MOINES IA 50391 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.221. | Nonpriority creditor's name and mailing address NATURAL SOURCE NUTRITION 11135 WALDEN AVE ALDEN NY 14004 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.222. | Nonpriority creditor's name and mailing address NAVIN MANOO 64 BRIGHTON 1ST PLACE BROOKLYN NY 11235 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.223. | Nonpriority creditor's name and mailing address NERITA ORTIZ 1215 DOGWOOD COURT NEW BRUNSWICK NJ 08901 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.224. | Nonpriority creditor's name and mailing address NEW JERSEY TURNPIKE AUTHORITY P.O. BOX 5042 WOODBIDGE NJ 07095 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.225. | Nonpriority creditor's name and mailing address NEW JERSEY TURNPIKE AUTHORITY P.O. BOX 5042 WOODBIDGE NJ 07095 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.226. | Nonpriority creditor's name and mailing address NISCHAL SANJEEV 1756 ALADDIN AVE NEW HYDE PARK NY 11040 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.227. | Nonpriority creditor's name and mailing address NJ TURNPIKE AUTHORITY P.O. BOX 5042 WOODBIDGE NJ 07095 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.228. | Nonpriority creditor's name and mailing address NORTH COUNTRY TRACTOR 149 SHEEP DAVIS RD PEMBROKE NH 03275 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.229. | Nonpriority creditor's name and mailing address NORTHERN NURSERIES DAVID WILLENBROCK 487 ELIZABETH AVE SOMERSET NJ 08873 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.230. | Nonpriority creditor's name and mailing address NYC DEPARTMENT OF HOMELESS SERVICES 33 BEAVER STREET NEW YORK NY 10004 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.231. | Nonpriority creditor's name and mailing address OGUZ BALIK 604 YORK CT. APT. 812 EDGEWATER PRK NJ 08010 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.232. | Nonpriority creditor's name and mailing address OMAR PERSOMO GUZMAN 1077 NEPPERHAN AVE YONKERS NY 10703 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.233. | Nonpriority creditor's name and mailing address PA TURNPIKE AUTHORITY P.O. BOX 67676 HARRISBURG PA 17105 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.234. | Nonpriority creditor's name and mailing address PARTY CITY 700 JEFFERSON ROAD HENRIETTA NY 14623 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.235. | Nonpriority creditor's name and mailing address PAULO NGUYEN 457 1 SEQUOIA DR. HARRISBURG PA 17105 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.236. | Nonpriority creditor's name and mailing address PENDOT 48 LUNGER RD BLOOMSBURG PA 17815 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.237. | Nonpriority creditor's name and mailing address PENNDOT 1782 E 3RD ST WILLIAMSPORT PA 17701 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.238. | Nonpriority creditor's name and mailing address PENNISULA SAW 360 NETHERBY RD WELLAND ON L3B 5P7 CANADA Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.239. | Nonpriority creditor's name and mailing address PENNSYLVANI TURNPIKE COMMISSION P.O. BOX 67676 HARRISBURG PA 17106 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.240. | Nonpriority creditor's name and mailing address PERCIVAL BAXTER 1110 FURTH STREET VALLEY STREAM NY 11581 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.241. Nonpriority creditor's name and mailing address PEREIRA ELECTRICAL 205 LIBERTY STREET METUCHEN NJ 08840 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.242. Nonpriority creditor's name and mailing address PETER L LEWIS 241 GRAND AVE RUTHERFORD NJ 07070 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.243. Nonpriority creditor's name and mailing address PGT INC. 4200 INDUSTRIAL BLVD ALQUIPPA PA 15001 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.244. | Nonpriority creditor's name and mailing address PHILADELPHIA INSURANCE COMPANY SUBROGATION EXAMINER P.O. BOX 3622 BALA CYNWYD PA 19004 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.245. | Nonpriority creditor's name and mailing address PITT OHIO 209 WHITEHEAD RD HAMILTON NJ 08619 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.246. | Nonpriority creditor's name and mailing address PLATINUM GENERAL CONSTRUCTION PLATINUM GENERAL SERVICES 1462 ROOSEVELT AVE. CARTERET NJ 07088 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.247. | Nonpriority creditor's name and mailing address PORT AUTHORITY OF NY AND NJ 4 WORLD TRADE CENTER 150 GREENWICH STREET NEW YORK NY 10007 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.248. | Nonpriority creditor's name and mailing address POSITECH INTERNATIONAL 170 N. 17TH STREET WHEELING WV 26003 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.249. | Nonpriority creditor's name and mailing address PPL TWO NORTH NINTH STREET ALLENTOWN PA 18101 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.250. | Nonpriority creditor's name and mailing address PROGRESSIVE WELTMAN WEINBERG & REIS 233 W LAKESIDE AVE STE 200 CLEVELAND OH 44113 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.251. | Nonpriority creditor's name and mailing address PROTECTIVE INSURANCE 1099 NORTH MERIDEN HANOVER PA 21076 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.252. | Nonpriority creditor's name and mailing address QUICKWAY 1-71 SRINGTOWN ROAD GROVE CITY OH 43123 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.253. | Nonpriority creditor's name and mailing address R. WILLIAMS 13400 RAMBLEWOOD DR. CHESTER VA 23836 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.254. | Nonpriority creditor's name and mailing address RAY WILLIS 53 RAILROAD AVE WESTERLY RI 02891 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.255. | Nonpriority creditor's name and mailing address RAYMOND MUSCHIANO 10 EAST GROTE DR. COVENTRY RI 02816 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.256. | Nonpriority creditor's name and mailing address RETAIL LOGISTICS 25 CONTINENTAL AVE. WAYNE NJ 07407 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.257. | Nonpriority creditor's name and mailing address RICHARD CALVO 4578 161ST STREET APT. 3 FLUSHING NY 11358 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.258. | Nonpriority creditor's name and mailing address RICHARD PROKAPZYA 253 HIGHPOINT DR SAYLORSBURG PA 18353 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.259. | Nonpriority creditor's name and mailing address RICHARD SWARTS JR. 1851 LEVELWOODS RD CAMPBELLSVILLE KY 42718 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.260. | Nonpriority creditor's name and mailing address ROBERT DEVERAUX CORP 10 EMERSON PLACE BOSTON MA 02114 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.261. | Nonpriority creditor's name and mailing address ROBERT PANAREI 3 ENGLISH STREET SALEM MA 01970 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.262. | Nonpriority creditor's name and mailing address ROBERT WOOLEY 1223 WOODALE RD PT. PLEASANT NJ 08742 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.263. | Nonpriority creditor's name and mailing address ROBIN BETH KOSSOLF 274 MORRIS AVE INWOOD NY 11096 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.264. | Nonpriority creditor's name and mailing address ROBINSON & MCELWEE STEPHEN F GANDEE ESQ. PO BOX 128 140 WEST MAIN STREET STE 300 CLARKSBURG WV 26302-0128 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.265. | Nonpriority creditor's name and mailing address RODNEY SHEPARD 1525 JACKSON STREET CHRISTIANSBURG VA 24073 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.266. | Nonpriority creditor's name and mailing address RONLEE LEYNES 365 WEST VIEW ST HOFFMAN ESTATES IL 60169 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.267. | Nonpriority creditor's name and mailing address ROY NIENANN 102 HALANE ST CRAFTON PA 15201 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.268. | Nonpriority creditor's name and mailing address RYAN KOHL 623 MERCER RD BEAVER FALLS PA 15010 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.269. | Nonpriority creditor's name and mailing address RYAN SMITH AND CARBINE LTD MARK WERLE AND CHARLES ROMEO ESQS 98 MERCHANTS ROW RUTLAND VT 05702-0310 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.270. | Nonpriority creditor's name and mailing address RYDER TRUCK RENTAL 329 JEFFERSON RD ROCHESTER NY 14623 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.271. | Nonpriority creditor's name and mailing address SALLY BEAUTY STORE 1986 290 DW HIGHWAY NASHUA NH 03062 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.272. | Nonpriority creditor's name and mailing address SAM RUTROVSKY 8902 ATLANTIC AVE ZONE PARK NY 11416 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | | |
| 3.273. | Nonpriority creditor's name and mailing address SANTANA INOCENSIO 340 KENTSHIRE DR LANCASTER PA 17603 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.274. | Nonpriority creditor's name and mailing address SAPPI FINE PAPER 1329 WATERVILLE RD. SKOWHEGAN ME 04976 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.275. | Nonpriority creditor's name and mailing address SARA ZUFALL 111 MARIGOLD PLACE MT PLEASANT PA 15666 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.276. | Nonpriority creditor's name and mailing address SCHEWELL FURNITURE 725 NORTH LOUDOWN ST WINCHESTER VA 02260 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.277. Nonpriority creditor's name and mailing address SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA ATTN DAN MOYET P.O. BOX 7268 LONDON KY 40742 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | |
| 3.278. Nonpriority creditor's name and mailing address SHARON LYNCH 66 WHIPSTICK RD RIDGEFIELD CT 06877 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| | | |
| 3.279. Nonpriority creditor's name and mailing address SHERRY VILLADIEGO 33 ROBERTSON AVE. HAWTHORNE NJ 07506 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.280. | Nonpriority creditor's name and mailing address SHERWOOD STEEL 805 N. WILSON AVE, UNIT 302 BRISTOL PA 19007 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.281. | Nonpriority creditor's name and mailing address SHIMON PERETZ - GENERAL MANAGER APPLEBEE'S 1721 MORRIS AVE UNION NJ 07083 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.282. | Nonpriority creditor's name and mailing address SHOP VACUUM 10 MCFADDEN RD EASTON PA 18045 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.283. | Nonpriority creditor's name and mailing address SOLIMENE & SECONDO LLP ELYCIA SOLIMENE 1501 EAST MAIN STREET SUITE 204 MERIDEN CT 06450 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.284. | Nonpriority creditor's name and mailing address SPARTAN REALTY MAINTENANCE CORP 417 NEPONSET ST CANTON MA 02021 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.285. | Nonpriority creditor's name and mailing address SPRAGUE ENERGY 183-185 INTERNATIONAL DRIVE PORTSMOUTH NH 03801 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.286. | Nonpriority creditor's name and mailing address STATE FARM AUTO CLAIMS SUBROGEE FOR SARA MALVEY P.O. BOX 52250 PHOENIX AZ 85072 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.287. | Nonpriority creditor's name and mailing address STATE FARM INSURANCE AUTO CLAIMSA SUBROGEE FOR JOANNA KIMURA P.O. BOX 52250 PHOENIX AZ 85072 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.288. | Nonpriority creditor's name and mailing address STATE OF MARYLAND DEPT OF TRANSPORTATION PRINCE GEORGES COUNTY 7201 CORPORATE CENTER DR HANOVER MD 21076 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.289. | Nonpriority creditor's name and mailing address STRAVITZ LAW FIRM ERIC STRAVITZ 4300 FORBES BLVD SUITE 100 LANHAM MD 20706 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.290. | Nonpriority creditor's name and mailing address SUFFOLK COUNTY DPW TRNSP 335 YAPHANK AVE YAPHANK NY 11980 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.291. | Nonpriority creditor's name and mailing address SUN DIAL 11 RANICK DR. AMITYVILLE NY 11701 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.292. | Nonpriority creditor's name and mailing address SUPERMARKETS VILLAGE 733 MOUNTAIN AVE. SPRINGFIELD NJ 07081 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.293. | Nonpriority creditor's name and mailing address SWARTZ CAMPBELL LLC KEVIN CANAVAN TWO LIBERTY PLACE 50 S. 16TH STREET, 28TH FLOOR PHILADELPHIA PA 19102 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.294. | Nonpriority creditor's name and mailing address SWIFT TRUCKING 6500 W AIRPORT RD GARY IN 46406 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.295. | Nonpriority creditor's name and mailing address TANGER OUTLET 6800 OXENHILL RD OXENHILL MD 20745 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.296. | Nonpriority creditor's name and mailing address TANYA DELONE HORNE 6006 N. ENGLEWOOD DR CAPITOL HEIGHTS MD 20743 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.297. | Nonpriority creditor's name and mailing address TEHILA KLEIN 150 PINE CIRCLE DR. LAKEWOOD NJ 08701 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.298. | Nonpriority creditor's name and mailing address TEOFILO HUBBARD 14942 117TH STREET OZONE PARK NY 11420 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.299. | Nonpriority creditor's name and mailing address THE CHEER HOUSE 317 MIDLAND AVE. GARFIELD NJ 07026 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.300. | Nonpriority creditor's name and mailing address THOMAS MUDD 8410 MEGAN LANE PORT TABACCO MD 20677 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.301. | Nonpriority creditor's name and mailing address TIANNA KOULIK 791 MANADA BOTTOM RD HARRISBURG PA 17112 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.302. | Nonpriority creditor's name and mailing address TIFFANY CROMARTIE 250 K VILLAGE CREEK CIRCLE WINSTON- SALEM NC 27104 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.303. | Nonpriority creditor's name and mailing address TIRE WAREHOUSE SHAWN BURGESS MANAGER 1170 OAKLAWN AVE CRANSTON RI 02920 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.304. | Nonpriority creditor's name and mailing address TONJGA SMITH 3916 WEST DR. PETERSBURG VA 13803 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.305. | Nonpriority creditor's name and mailing address TOWN OF NEW HYDE PARK 1420 JERHICO TURNPIKE #1 NEW HYDE PARK NY 11040 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.306. | Nonpriority creditor's name and mailing address TRESSLER LLP MATTHEW DEVEREUX 233 SOUTH WACKER DRIVE 22ND FLOOR CHICAGO IL 60606 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.307. | Nonpriority creditor's name and mailing address TRI PAR DIE & MOLD CORP. 670 SUNDOWN RD SOUTH ELGIN IL 60177 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.308. | Nonpriority creditor's name and mailing address TWILIGHT INVESTIGATIONS, INC. 1360 CLIFTON AVE PMB 225 CLIFTON NJ 07012 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION SUPPORT Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim \$3,307.77 |
| 3.309. | Nonpriority creditor's name and mailing address UNITED BUILDERS SUPPLY 30 OAK ST WESTERLY RI 02891 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.310. | Nonpriority creditor's name and mailing address UNIVERSAL BROACHING INC. 1203 PAGNI DR ELK GROVE VILLAGE IL 60007 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.311. | Nonpriority creditor's name and mailing address UNKNOWN NAME 512 WALNUT STREET RIDGEFIELD NJ 07657 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
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| 3.312. | Nonpriority creditor's name and mailing address UNKNOWN NAME 1170 KINGS HIGHWAY BUILDING #13 KING GEORGE VA 22485 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.313. | Nonpriority creditor's name and mailing address UNKNOWN NAME 1200 INDIAN CREEK CT BELTSVILLE MD 20705 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.314. | Nonpriority creditor's name and mailing address UNKNOWN NAME 4501 S. LABURNAN AVE RICHMOND VA 23231 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.315. | Nonpriority creditor's name and mailing address UNKNOWN NAME 221 HALLENE RD WARWICK RI 02886 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.316. | Nonpriority creditor's name and mailing address USAA INSURANCE SUBROGATION P.O BOX 659476 SAN ANTONIO TX 78265 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.317. | Nonpriority creditor's name and mailing address USAA INSURANCE SUBROGEE FOR ERIKA OPFELL 9800 FREDERICKSBURG RD SAN ANTONIO TX 78288 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.318. | Nonpriority creditor's name and mailing address VERIZON COMMUNICATIONS CORPORATE OFFICE 13101 COLUMBIA PIKE SILVER SPRINGS MD 20904 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.319. | Nonpriority creditor's name and mailing address VINCENT RUTKOWSKI 380 MT, EVE RD GOSHEN NY 10924 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.320. | Nonpriority creditor's name and mailing address WARD GREENBERG HELLER & REIDY LLP SCOTT JEANNETTE, ESQ. 1800 BAUSCH & LOMB PLACE ROCHESTER NY 14604 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LITIGATION DEFENSE COSTS Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.321. | Nonpriority creditor's name and mailing address WATERVILLE PUBLIC SCHOOL 25 MESSALONSKI AVE. WATERVILLE ME 04901 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.322. | Nonpriority creditor's name and mailing address WILLIAM PECK 317 SOUTH STREET LYKENS PA 17048 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.323. | Nonpriority creditor's name and mailing address WINN SUPPLY 177 CASH ST S. PORTLAND ME 04106 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.324. | Nonpriority creditor's name and mailing address WOODROW CRAFTON 6600 S. ADAMS ST. APT. 2 BARTONVILLE IL 61607 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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| 3.325. | Nonpriority creditor's name and mailing address XPO LOGISTICS 3200 INDUSTRIES RD RICHMOND VA 47374 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.326. | Nonpriority creditor's name and mailing address YAMILEE RIVERA EYES 322 SANTER ST ROCHESTER NY 14613 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |
| 3.327. | Nonpriority creditor's name and mailing address YRC 10990 ROE AVE OVERLAND PARK KS 66216 Date or dates debt was incurred _____ Last 4 digits of account number: | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: OPEN AUTO CLAIM Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Amount of claim UNDETERMINED |

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|--------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 3.328. | Nonpriority creditor's name and mailing address ZIP CAR 17404 MERIDIAN PUYALLUUP WA 98375 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | Amount of claim UNDETERMINED |
| | Date or dates debt was incurred <hr/> | Basis for the claim: OPEN AUTO CLAIM | |
| | Last 4 digits of account number: | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Debtor **New England Motor Freight, Inc.**

Case number (if known) **19-12809**

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. | | \$272,877.11 |
| 5b. Total claims from Part 2 | 5b. | + | \$56,592,108.74 |
| 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c. | 5c. | | \$56,864,985.85 |

Fill in this information to identify the case:

Debtor name: New England Motor Freight, Inc.

United States Bankruptcy Court for the: District of New Jersey

Case number (if known): 19-12809

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

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

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Summary of Assets and Liabilities for Non-Individuals, Schedule E/F, Part 2 (additions only), and Schedule E/F, Part 4.*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

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

Executed on 5/7/2019
MM/DD/YYYY

x

Signature of individual signing on behalf of debtor

Vincent Colistra
Printed name

Chief Restructuring Officer
Position or relationship to debtor