

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

In re:

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

Debtors.<sup>1</sup>

Chapter 11

Case No. 19-12809 (JKS)

(Jointly Administered)

**NOTICE OF AMENDMENT OF DEBTOR EASTERN FREIGHT WAYS, INC.'S  
SCHEDULES OF ASSETS AND LIABILITIES**

**PLEASE TAKE NOTICE** that, pursuant to Rule 1009(a) of the Federal Rules of Bankruptcy Procedure, Eastern Freight Ways, Inc. (“Eastern”), 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. 11] (the “Schedules”) as set forth herein.

**PLEASE TAKE FURTHER NOTICE** that Eastern’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.

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<sup>1</sup> 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.

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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.<sup>1</sup>

Chapter 11

Case No. 19-12809 (JKS)

(Jointly Administered)

**AMENDMENTS TO DEBTOR EASTERN FREIGHT WAYS, INC.'S  
SCHEDULES OF ASSETS AND LIABILITIES**

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<sup>1</sup> 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:** Eastern Freight Ways, Inc.

**United States Bankruptcy Court for the:** District of New Jersey

**Case number (if known):** 19-12812

☒ 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)

<b>1a. Real property:</b> Copy line 88 from Schedule A/B .....	\$88,546.81
<b>1b. Total personal property:</b> Copy line 91A from Schedule A/B .....	\$26,769,327.16
<b>1c. Total of all property:</b> Copy line 92 from Schedule A/B .....	\$26,857,873.97

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D .....	\$17,824,065.53
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of Schedule E/F .....	\$0.00
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F .....	+ \$20,922,196.08
<b>4. Total liabilities</b> Lines 2 + 3a + 3b .....	\$38,746,261.61

Debtor **Eastern Freight Ways, Inc.**

Case number (if known) **19-12812**

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

3.1. <b>Nonpriority creditor's name and mailing address</b>  AMERICAN TRANSIT INSURANCE ONE METROTECH CENTER BROOKLYN NY 11201  <b>Date or dates debt was incurred</b>  _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  UNDETERMINED
3.2. <b>Nonpriority creditor's name and mailing address</b>  AMIR MELOUK 85 TICES LANE APT. 14 EAST BRUNSWICK NJ 08816  <b>Date or dates debt was incurred</b>  _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  UNDETERMINED
3.3. <b>Nonpriority creditor's name and mailing address</b>  CARLOS F. CRUZ BRIAN J. LEVY & ASSOCIATES PC BRIAN J. LEVY 303 JACKSON AVENUE SYOSSET NY 11791  <b>Date or dates debt was incurred</b>  _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  UNDETERMINED

Debtor **Eastern Freight Ways, Inc.**

Case number (if known) **19-12812**

3.4.	<b>Nonpriority creditor's name and mailing address</b> CHERYL REYNARD 433 ROSEDALE BLVD AMHERST NY 14228  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.5.	<b>Nonpriority creditor's name and mailing address</b> CLIFFSIDE PARK IMAGING & DIAGNOSTIC CENTER ATTN: MEDICAL RECORDS 596 ANDERSON AVENUE SUITE 120 CLIFFSIDE PARK NJ 07010  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION SUPPORT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$41.00
3.6.	<b>Nonpriority creditor's name and mailing address</b> GEICO STEPHEN BROWN CLAIMS DEPT P.O. BOX 9111 MACON GA 31208  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **Eastern Freight Ways, Inc.**

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3.7.	<b>Nonpriority creditor's name and mailing address</b> GEORGE HILDEBRANDT INC. 412 STONE MILL RD HUDSON NY 12534  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.8.	<b>Nonpriority creditor's name and mailing address</b> GEORGIA JEAN KOUNDOURIOTIS 271 S. ELLWOOD AVE BALTIMORE MD 21224  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.9.	<b>Nonpriority creditor's name and mailing address</b> GERALD SITTON II 108 MEADOW LANE POTEAU OK 74953  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED



Debtor **Eastern Freight Ways, Inc.**

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3.10. <b>Nonpriority creditor's name and mailing address</b>  GLORIA KOLESAR 38 MADBURY RD DURHAM NH 03824  <b>Date or dates debt was incurred</b>  _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  UNDETERMINED
3.11. <b>Nonpriority creditor's name and mailing address</b>  GUNNING & LAFAZIA INC. KEVIN HOLLEY 33 COLLEGE HILL ROAD SUITE 2B WARWICK RI 02886  <b>Date or dates debt was incurred</b>  _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  LITIGATION DEFENSE COSTS  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  UNDETERMINED
3.12. <b>Nonpriority creditor's name and mailing address</b>  HANCOCK ESTABROOK TIMOTHY P MURPHY ESQ 1500 AXA TOWER I 100 MADISON ST SYRACUSE NY 13202  <b>Date or dates debt was incurred</b>  _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  LITIGATION DEFENSE COSTS  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b>  UNDETERMINED

Debtor **Eastern Freight Ways, Inc.**

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3.13. <b>Nonpriority creditor's name and mailing address</b> HEBO ISMAIL 6 GARDEN STREET NEW BRITAIN CT 06052	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> OPEN AUTO CLAIM	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14. <b>Nonpriority creditor's name and mailing address</b> JIM C HAMER CO. P.O. BOX 418 KENOVA WV 25530	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> OPEN AUTO CLAIM	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15. <b>Nonpriority creditor's name and mailing address</b> JOHN CIEPLENSKI 904 N 7TH STREET MILLVILLE NJ 08332	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> OPEN AUTO CLAIM	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Eastern Freight Ways, Inc.**

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3.16. <b>Nonpriority creditor's name and mailing address</b> JULIE JANISHECK 1578 ROCKWELL RD ABINGTON PA 19001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> OPEN AUTO CLAIM	
<b>Last 4 digits of account number:</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17. <b>Nonpriority creditor's name and mailing address</b> KELLY MAXWELL 233 HOLDEN STREET HOLDEN MA 01520	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> OPEN AUTO CLAIM	
<b>Last 4 digits of account number:</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18. <b>Nonpriority creditor's name and mailing address</b> MICHAEL MIESBURGER 75 MAPLE AVE SCARBOROUGH ME 04074	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> OPEN AUTO CLAIM	
<b>Last 4 digits of account number:</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Eastern Freight Ways, Inc.**

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3.19. <b>Nonpriority creditor's name and mailing address</b> NELSON WIRE AND STEEL 1015 NEW SALEM ROAD NEW SALEM PA 15468  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.20. <b>Nonpriority creditor's name and mailing address</b> NEW CASTLE BUILDING PRODUCTS 535 OLD TARRYTOWN RD WHITE PLAINS NY 10603  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.21. <b>Nonpriority creditor's name and mailing address</b> QUICK CHEK STORE #152 901 CEDAR BRIDGE AVE. LAKEWOOD NJ 08701  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **Eastern Freight Ways, Inc.**

Case number (if known) **19-12812**

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

RODNEY KING TRUCKING LLC  
174 CRUM ELBOW RD  
HYDE PARK NY 12538

**Date or dates debt was incurred**  
\_\_\_\_\_

**Last 4 digits of account number:**

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

OPEN AUTO CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

UNDETERMINED

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

SAEED ISMAIL  
6 GARDEN STREET  
NEW BRITAIN CT 06052

**Date or dates debt was incurred**  
\_\_\_\_\_

**Last 4 digits of account number:**

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

OPEN AUTO CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

UNDETERMINED

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

SANDRO CAMBRUZZI  
1601 ARLINGTON BLVD  
ARLINGTON VA 22209

**Date or dates debt was incurred**  
\_\_\_\_\_

**Last 4 digits of account number:**

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

OPEN AUTO CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

UNDETERMINED

Debtor **Eastern Freight Ways, Inc.**

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3.25.	<b>Nonpriority creditor's name and mailing address</b> SCHNADER HARRISON SEGAL & LEWIS LLP WOODLAND FALLS COR. PARK SUITE 200 220 LAKE DRIVE EAST CHERRY HILL NJ 08002-1165  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION DEFENSE COSTS  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$1,475.94
3.26.	<b>Nonpriority creditor's name and mailing address</b> SOLIMENE & SECONDO LLP ELYCIA SOLIMENE 1501 EAST MAIN STREET SUITE 204 MERIDEN CT 06450  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION DEFENSE COSTS  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.27.	<b>Nonpriority creditor's name and mailing address</b> STEVE ANGELO KOUNDOURIOTIS 271 S. ELLWOOD AVE. BALTIMORE MD 21224  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **Eastern Freight Ways, Inc.**

Case number (if known) **19-12812**

3.28. <b>Nonpriority creditor's name and mailing address</b> SWARTZ CAMPBELL LLC KEVIN CANAVAN TWO LIBERTY PLACE 50 S. 16TH STREET, 28TH FLOOR PHILADELPHIA PA 19102  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION DEFENSE COSTS  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED
3.29. <b>Nonpriority creditor's name and mailing address</b> TWILIGHT INVESTIGATIONS, INC. 1360 CLIFTON AVE PMB 225 CLIFTON NJ 07012  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> LITIGATION SUPPORT  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$5,112.10
3.30. <b>Nonpriority creditor's name and mailing address</b> USAA CLERKIN SINCLAIR & MAHFOUZ, LLP 530 B STREET 8TH FLOOR SAN DIEGO CA 92101  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> OPEN AUTO CLAIM  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> UNDETERMINED

Debtor **Eastern Freight Ways, Inc.**

Case number (if known) **19-12812**

3.31. <b>Nonpriority creditor's name and mailing address</b> VALLEY REPORTING SERVICE 115 GREEN STREET KINGSTON NY 12401	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Amount of claim</b> \$1,961.55
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> LITIGATION SUPPORT	
<b>Last 4 digits of account number:</b> _____	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.32. <b>Nonpriority creditor's name and mailing address</b> VERNON MUTUAL INSURANCE GROUP 89 STATE STREET P.O. BOX 188 MONTPELIER VT 05601	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> OPEN AUTO CLAIM	
<b>Last 4 digits of account number:</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33. <b>Nonpriority creditor's name and mailing address</b> VICTOR SIRBU 1933 WOODLYN DR APT. 111 WOODRIDGE IL 60517	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Amount of claim</b> UNDETERMINED
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> OPEN AUTO CLAIM	
<b>Last 4 digits of account number:</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor **Eastern Freight Ways, Inc.**Case number (if known) **19-12812**3.34. **Nonpriority creditor's name and mailing address**ZIMMERMAN TRUCKING  
190 INDUSTRIAL PARK DR.  
MIFFLINTOWN PA 17059**Date or dates debt was incurred**  
  
\_\_\_\_\_**Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

OPEN AUTO CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

UNDETERMINED

Debtor **Eastern Freight Ways, Inc.**Case number (if known) **19-12812****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
<b>5a. Total claims from Part 1</b>	5a.		\$0.00
<b>5b. Total claims from Part 2</b>	5b.	+	\$20,922,196.08
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.		\$20,922,196.08

**Fill in this information to identify the case:**

**Debtor name:** Eastern Freight Ways, Inc.

**United States Bankruptcy Court for the:** District of New Jersey

**Case number (if known):** 19-12812

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