

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

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	:	
In re:	:	Chapter 11
	:	
RUPARI HOLDING CORP., <i>et al.</i> , ¹	:	Case No. 17-10793 (KJC)
	:	
Debtors.	:	(Jointly Administered)

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

Introduction

Rupari Holding Corp. and Rupari Food Services, Inc. (collectively, the “**Debtors**”) with the assistance of their advisors, have filed their respective Schedules of Assets and Liabilities (the “**Schedules**”) and Statements of Financial Affairs (the “**Statements**,” and together with the Schedules, the “**Schedules and Statements**”) with the United States Bankruptcy Court for the District of Delaware (the “**Bankruptcy Court**”), pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

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

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

In preparing the Schedules and Statements, the Debtors relied upon information derived from their books and records that was available at the time of such preparation. Although the Debtors have made reasonable efforts to ensure the accuracy and completeness

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are: Rupari Holding Corp. (4943) and Rupari Food Services, Inc. (7933). The mailing address for the Debtors is 15600 Wentworth Avenue, South Holland, Illinois 60473.

of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

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

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

Global Notes and Overview of Methodology

1. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to any claim ("**Claim**") description, designation, or Debtor against which the Claim is asserted; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtors' chapter 11 cases, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code, and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general

reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors shall not be required to update the Schedules and Statements.

2. **Description of Cases and “as of” Information Date.** On April 10, 2017 (the “Petition Date”), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their businesses and managing their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On April 12, 2017 the Bankruptcy Court entered an order directing procedural consolidation and joint administration of the Debtors’ chapter 11 cases [Docket No. 37].

The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtors as of April 2, 2017, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtors as of April 10, 2017.

3. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for all of their assets. Accordingly, unless otherwise indicated, the Debtors’ Schedules and Statements reflect net book values as of the close of business on April 2, 2017, in the Debtors’ books and records. Additionally, because the book values of certain assets, may materially differ from their fair market values, they may be listed as undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.
4. **Recharacterization.** Notwithstanding the Debtors’ reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtors’ businesses. Accordingly, the Debtors reserve all of their rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.
5. **Real Property and Personal Property–Leased.** In the ordinary course of their businesses, the Debtors leased real property and various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Debtors have made reasonable efforts to list all such leases in the Schedules and Statements. The Debtors have made reasonable efforts to include lease obligations on Schedule D (secured debt) to the extent applicable and to the extent the lessor filed a UCC-1. However, nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement).
6. **Excluded Assets and Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research

conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

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

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

The Bankruptcy Court has authorized the Debtors to pay, in their discretion, certain outstanding Claims on a post-petition basis, including, but not limited to, prepetition claims related to customer programs, critical vendors, shippers and warehousemen, wages, compensation and employee benefits. Other than wages, compensation and employee benefits, prepetition liabilities which have been paid post-petition may have been included in the Schedules and Statements. To the extent the Debtors pay any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtors reserve all rights to amend and supplement the Schedules and Statements and take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

7. **Insiders.** Solely, for purposes of the Schedules and Statements, the Debtors define "insiders" to include the following: (a) directors; (b) senior level officers; (c) equity holders holding in excess of 5% of the voting securities of the Debtor entities; (d) Debtor affiliates; and (e) relatives of any of the foregoing (to the extent known by the Debtors). Entities listed as "insiders" have been included for informational purposes and their inclusion shall not constitute an admission that those entities are insiders for purposes of section 101(31) of the Bankruptcy Code.
8. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.
9. **Executory Contracts and Unexpired Leases.** Although the Debtors made diligent attempts to attribute executory contracts and unexpired leases to their rightful Debtors, in certain instances, the Debtors may have inadvertently failed to do so.

Moreover, other than real property leases reported in Schedule A/B 55, the Debtors have not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some

value to the Debtors' estates. The Debtors' executory contracts and unexpired leases have been set forth in Schedule G.

10. Materialman's/Mechanic's Liens. The assets listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.

11. Classifications. Listing a Claim or contract on (a) Schedule D as "secured," (b) Schedule E/F, Part 1 as "priority," (c) Schedule E/F, Part 2 as "unsecured," or (d) Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the Claimant, or a waiver of the Debtors' rights to recharacterize or reclassify such Claims or contracts or leases or to exercise their rights to setoff against such Claims.

12. Claims Description. Schedules D and E/F permit each Debtor to designate a Claim as "disputed," "contingent," and/or "unliquidated." Any failure to designate a Claim on a given Debtor's Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by that Debtor that such amount is not "disputed," "contingent," or "unliquidated," or that such Claim is not subject to objection. Moreover, listing a Claim does not constitute an admission of liability by the Debtors.

13. Causes of Action. Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, "**Causes of Action**") they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

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

- a. Undetermined Amounts. The description of an amount as "unknown," "TBD" or "undetermined" is not intended to reflect upon the materiality of such amount.
- b. Totals. All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed

total.

- c. Liens. Property and equipment listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

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

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

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

18. Employee Addresses. Current and former employee addresses have been removed from entries listed on Schedules E/F and G and the Statements, as applicable. These addresses are available upon request of the Office of the United States Trustee and the Bankruptcy Court.

19. Global Notes Control. If the Schedules and Statements differ from these Global Notes, the Global Notes shall control.

Specific Disclosures with Respect to the Debtors' Schedules

Schedule A/B. All values set forth in Schedule A/B reflect the book value of the Debtors' assets as of the close of business on April 2, 2017, unless otherwise noted below. Other than real property leases reported on Schedule A/B 55, the Debtors have not included leases and contracts on Schedule A/B. Leases and contracts are listed on Schedule G.

Schedule A/B 3. Cash values held in financial accounts are listed on Schedule A/B 3 as of the close of business on April 2, 2017. Details with respect to the Debtors' cash management system and bank accounts are provided in the *Motion of the Debtors for Entry of Interim and Final Orders (A) Approving the Continued Use of the Debtors' Cash Management System, (B) Scheduling a Final Hearing on The Motion, and (C) Granting Related Relief* [Docket No. 9] (the "**Cash Management Motion**").

Schedule A/B 7. The Bankruptcy Court, pursuant to the *Motion of the Debtors for Entry of Interim and Final Orders (I) Authorizing the Debtors' Proposed Form of Adequate Assurance of Payment, (II) Establishing Procedures For Resolving Objections by Utility Companies, (III) Prohibiting Utility Companies from Altering,*

Refusing, or Discontinuing Service and (IV) Scheduling a Final Hearing [Docket No. 5], has authorized the Debtors to provide adequate assurance of payment for postpetition utility services, including a deposit in the amount of \$40,000. Such deposit is not listed on Schedule A/B 7, which was prepared as of the Petition Date.

Schedule A/B 11. Accounts receivable do not include intercompany receivables.

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

Schedule A/B 55. The Debtors do not own real property. The Debtors have listed their real property leases in Schedule A/B 55, including leasehold improvements.

Schedule A/B 74 & 75. In the ordinary course of their businesses, the Debtors may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds, or warranty Claims, among other things. Additionally, certain of the Debtors may be a party to pending litigation in which the Debtors have asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtors and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74 or 75. The Debtors' failure to list any contingent and/or unliquidated claim held by the Debtors in response to these questions shall not constitute a waiver, release, relinquishment, or forfeiture of such claim.

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

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

Moreover, the Debtors have not included on Schedule D parties that may believe their Claims are secured through setoff rights, letters of credit, surety bonds, or inchoate statutory lien rights.

The Debtor has listed capital leases for real and personal property on Schedule D. These are secured by UCC-1 financing statements.

Schedule E/F part 1. The Bankruptcy Court has authorized the Debtors, in their discretion, to pay certain liabilities that may be entitled to priority under the applicable provisions of the Bankruptcy Code. For example, on May 8, 2017, the Bankruptcy Court entered the *Final*

Order Authorizing the Debtor to Pay Certain Prepetition Taxes [Docket No. 137] and the *Final Order (I) Authorizing Debtors to Pay Certain Prepetition Wages, Compensation, and Maintain and Continue Employee Benefits and Programs in the Ordinary Course; (II) Authorizing Banks to Honor and Process Checks and Transfers Related to Such Employee Obligations; and (III) Granting Related Relief* [Docket No. 139]. To the extent that applicable Claims have been paid under one or more of the foregoing orders, such Claims may not be included in Schedule E/F, Part 1.

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

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

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

Schedule E/F, Part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F, Part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

Schedule G. Certain information, such as the contact information of the counter-party, may not be included where such information could not be obtained using the Debtors' reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease was in effect on the Petition Date or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth separately on Schedule G.

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

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters, and other

documents that may not be listed on Schedule G or that may be listed as a single entry. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider. The Debtors expressly reserve their rights to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable or separate contracts.

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

In addition, the Debtors have entered into various loan agreements, security agreements, pledge agreements and/or guaranty agreements in connection with their pre-petition secured financing. Such documents may not be set forth on Schedule G.

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

Schedule H. For purposes of Schedule H, the Debtors that are either the principal obligors or guarantors under the prepetition debt facilities are listed as Co-Debtors on Schedule H. The Debtors may not have identified certain guarantees associated with the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements.

In the ordinary course of their businesses, the Debtors may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because the Debtors have treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on each Debtor's Schedule E/F Part 2 and Statement 7, as applicable.

Specific Disclosures with Respect to the Debtors' Statements

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

listed on Statement 3. All disbursements listed on Statement 3 are made through the Debtors' consolidated cash management system maintained by Rupari Food Services, Inc. and listed for that Debtor.

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

The Debtors have included all consulting and payroll distributions and aggregate travel, entertainment, and other expense reimbursements, aggregated by date, made over the twelve months preceding the Petition Date to any individual that may be deemed an "Insider."

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

Statement 7. Any information contained in Statement 7 shall not be a binding representation of the Debtors' liabilities with respect to any of the suits and proceedings identified therein. Current and former employee addresses have been removed from the entries listed on Statement 7. These addresses are available upon request of the Office of the United States Trustee and the Bankruptcy Court.

Statement 10. The Debtors occasionally incur losses for a variety of reasons, including theft and property damage. The Debtors, however, may not have records of all such losses if such losses do not have a material impact on the Debtors' businesses or are not reported for insurance purposes.

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

Statement 23 & 24. At some locations, the Debtors no longer have any operations and may no longer have relevant records or the records may no longer be complete or reasonably accessible or reviewable. Some individuals who once possessed responsive information are no longer employed by the Debtors and certain of the Debtors' records prior to the sale/acquisition on July 6, 2011 are not available. For all these reasons, it may not be possible to identify and supply the requested information for every "site" and "proceeding" literally responsive to Statement 23 & 24. The Debtors have devoted substantial internal and external resources to identifying and providing the requested information for as many responsive sites and proceedings as reasonably possible. The Debtors may supplement or amend this response in the future. Due to the number of potentially responsive matters, the practical burdens in compiling information on inactive matters and the presumably lower relevance of information on inactive matters, information is presented only for matters that have been active within the last few years. When some requested categories of information were not reasonably available for a listed "site" or "proceeding," the Debtors' response gives as much information as was reasonably available.

Statement 26d. The Debtors have provided financial statements in the ordinary course of their businesses to numerous financial institutions, creditors, and other parties within two years immediately before the Petition Date. Considering the number of such recipients and the

possibility that such information may have been shared with parties without the Debtors' knowledge or consent or subject to confidentiality agreements, the Debtors have not disclosed any parties that may have received such financial statements for the purposes of Statement 26d.

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

Fill in this information to identify the case:**Debtor name:** Rupari Food Services, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 17-10794☐ 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	\$15,938,678.65
1b. Total personal property: Copy line 91A from Schedule A/B	\$60,575,016.70
1c. Total of all property: Copy line 92 from Schedule A/B	\$76,513,695.35

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	\$26,718,261.93
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	\$468,458.96
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	+ \$55,694,529.75
4. Total liabilities Lines 2 + 3a + 3b	\$82,881,250.64

Fill in this information to identify the case:**Debtor name:** Rupari Food Services, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 17-10794☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

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

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

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

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

2.1. _____ \$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. ¹	SUNTRUST BANK PO BOX 305183 NASHVILLE TN 37230-5183	CHECKING (PAYROLL ZBA)	8644	\$0.00
3.2. ¹	SUNTRUST BANK PO BOX 305183 NASHVILLE TN 37230-5183	CHECKING (OPERATING ACCOUNT)	8602	\$2,137,784.60
3.3. ¹	SUNTRUST BANK PO BOX 305183 NASHVILLE TN 37230-5183	CHECKING (DISBURSEMENT ZBA)	8651	\$0.00
3.4. ¹	SUNTRUST BANK PO BOX 305183 NASHVILLE TN 37230-5183	CHECKING (LOCKBOX ZBA)	8610	\$0.00

¹BALANCE AS OF 4/10/2017¹BALANCE AS OF 4/10/2017

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****4. Other cash equivalents (Identify all)**

Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.				\$

5. Total of part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,137,784.60**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

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

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	Current value of debtor's interest
7.1.	\$

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

Description, including name of holder of prepayment	Current value of debtor's interest
8.1. INSURANCE PREMIUM NATIONAL UNION FIRE INSURANCE COMPANY PA	\$16,059.90
8.2. INSURANCE PREMIUM OHIO CASUALTY INSURANCE COMPANY	\$6,522.15

9. Total of part 2

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

\$22,582.05**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

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

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

	Face amount	Doubtful or uncollectible accounts		Current value of debtor's interest
11a. 90 days old or less:	\$6,366,026.34	- \$590,572.44	= →	\$5,775,453.90
11b. Over 90 days old:	\$96,677.17	- \$96,677.17	= →	\$0.00

12. Total of part 3

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

\$5,775,453.90

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****Part 4: Investments****13. Does the debtor own any investments?**

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

Valuation method used for current value	Current value of debtor's interest
---	------------------------------------

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock

14.1. _____ \$ _____

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

Name of entity % of ownership

15.1. _____ % _____ \$ _____

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

Describe

16.1. _____ \$ _____

17. Total of part 4

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

\$0.00

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

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

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

19.1. DOMESTIC SPARERIBS	4/7/2017	\$3,224,679.11	ACTUAL COST	\$3,224,679.11
19.2. IMPORTED SPARERIBS	4/7/2017	\$605,501.02	ACTUAL COST	\$605,501.02
19.3. DOMESTIC BACKRIBS	4/7/2017	\$3,127,461.64	ACTUAL COST	\$3,127,461.64
19.4. IMPORTED BACKRIBS	4/7/2017	\$4,200,823.50	ACTUAL COST	\$4,200,823.50
19.5. BUTTS	4/7/2017	\$303,396.59	ACTUAL COST	\$303,396.59
19.6. BRISKETS	4/7/2017	\$21,890.01	ACTUAL COST	\$21,890.01
19.7. ALL OTHERS	4/7/2017	\$65,647.30	ACTUAL COST	\$65,647.30
19.8. BY PRODUCTS	4/7/2017	\$14,626.83	ACTUAL COST	\$14,626.83

20. Work in progress

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
20.1. DOMESTIC SPARERIBS WORK IN PROGRESS	4/7/2017	\$2,052,012.84	ACTUAL MTL COST + LABOR + OH	\$2,052,012.84
20.2. IMPORTED SPARERIBS WORK IN PROGRESS	4/7/2017	\$26,860.21	ACTUAL MTL COST + LABOR + OH	\$26,860.21

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****20. Work in progress**

	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
20.3.	DOMESTIC BACKRIBS WORK IN PROGRESS	4/7/2017	\$228,857.19	ACTUAL MTL COST + LABOR + OH	\$228,857.19
20.4.	IMPORTED BACKRIBS WORK IN PROGRESS	4/7/2017	\$386,778.80	ACTUAL MTL COST + LABOR + OH	\$386,778.80
20.5.	BUTTS WORK IN PROGRESS	4/7/2017	\$94,584.05	ACTUAL MTL COST + LABOR + OH	\$94,584.05
20.6.	ALL OTHERS WORK IN PROGRESS	4/7/2017	\$5,529.19	ACTUAL MTL COST + LABOR + OH	\$5,529.19
20.7.	BY PRODUCTS WORK IN PROGRESS	4/7/2017	\$2,322.48	ACTUAL MTL COST + LABOR + OH	\$2,322.48

21. Finished goods, including goods held for resale

	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
21.1.	DOMESTIC SPARERIBS	4/7/2017	\$1,741,522.96	ACTUAL MTL COSTS + LABOR + OVERHEAD	\$1,741,522.96
21.2.	IMPORTED SPARERIBS	4/7/2017	\$155,966.60	ACTUAL MTL COSTS + LABOR + OVERHEAD	\$155,966.60
21.3.	DOMESTIC BACKRIBS	4/7/2017	\$807,345.74	ACTUAL MTL COSTS + LABOR + OVERHEAD	\$807,345.74
21.4.	IMPORTED BACKRIBS	4/7/2017	\$402,545.54	ACTUAL MTL COSTS + LABOR + OVERHEAD	\$402,545.54
21.5.	BUTTS	4/7/2017	\$615,881.29	ACTUAL MTL COSTS + LABOR + OVERHEAD	\$615,881.29
21.6.	BRISKETS	4/7/2017	\$37,657.01	ACTUAL MTL COSTS + LABOR + OVERHEAD	\$37,657.01
21.7.	ALL OTHERS	4/7/2017	\$703,488.33	ACTUAL MTL COSTS + LABOR + OVERHEAD	\$703,488.33
21.8.	BY PRODUCTS	4/7/2017	\$307,967.47	ACTUAL MTL COSTS + LABOR + OVERHEAD	\$307,967.47

22. Other inventory or supplies

	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1.	EQUIPMENT PARTS	3/31/2017	\$585,058.00	AVERAGE COST	\$585,058.00

23. Total of part 5

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

\$19,718,403.70

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☒ Yes Book value: \$5,181,935.47 Valuation method: ACTUAL COST Current value: \$5,181,935.47

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

- ☒ No
☐ Yes

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

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

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

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

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes Book value: \$ _____ Valuation method: _____ Current value: \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

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

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

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1. OWNED	\$66,844.36	Cost Less SL Depreciation	\$66,844.36
40. Office fixtures			
40.1. _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. OWNED	\$249,136.72	Cost less SL Depreciation	\$249,136.72
42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1. _____	\$ _____	_____	\$ _____
43. Total of part 7			
Add lines 39 through 42. Copy the total to line 86.			\$315,981.08
44. Is a depreciation schedule available for any of the property listed in Part 7?			
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1. _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1. _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
50.1. LEASED PRODUCTION EQUIPMENT	\$2,196,284.00	Lease Cost less SL Depreciation	\$2,196,284.00

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

50.2.	PURCHASED PRODUCTION EQUIPMENT	\$2,455,610.78	Actual Cost less SL Depreciation	\$2,455,610.78
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51. Total of part 8

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

\$4,651,894.78

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

- ☐ No
- ☒ Yes

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

- ☒ No
- ☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1.	ASSESSOR PARCEL NO. 29-16-205-179-0000, 29-16-205-176-0000, 29-16-205-205-178-0000, 29-16-134-000	LESSEE	\$13,014,238.00	Capital Lease Cost less SL Depreciation	\$13,014,238.00
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LEASED REAL PROPERTY (FACTORY)

RUPARI FOOD SERVICE, INC
15600 WENTWORTH AVENUE, 201 W 155TH ST
AND 120 WEST 157TH ST
SOUTH HOLLAND, IL 60473

55.2.	ASSESSOR PARCEL NO. 29-16-205-179-0000, 29-16-205-176-0000, 29-16-205-205-178-0000, 29-16-134-000	OWNED IMPROVEMENTS	\$2,924,440.65	Actual Costs less SL Depreciation	\$2,924,440.65
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BUILDING IMPROVEMENTS

RUPARI FOOD SERVICE, INC
15600 WENTWORTH AVENUE, 201 W 155TH ST
AND 120 WEST 157TH ST
SOUTH HOLLAND, IL 60473

56. Total of part 9

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

\$15,938,678.65

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
60.1. TRADEMARK "BUTCHERS PRIME" 3824597	\$255,000.00	Historical Cost less Amortization	\$255,000.00
61. Internet domain names and websites			
	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. RUPARI.COM	UNDETERMINED	_____	UNDETERMINED
61.2. RUPARI.NET	UNDETERMINED	_____	UNDETERMINED
61.3. RUPARI.INFO	UNDETERMINED	_____	UNDETERMINED
61.4. EFRESH.INFO	UNDETERMINED	_____	UNDETERMINED
61.5. EUROFRESHFOODS.COM	UNDETERMINED	_____	UNDETERMINED
61.6. MYEUROFRESH.COM	UNDETERMINED	_____	UNDETERMINED
61.7. TONYROMARIBS.COM	UNDETERMINED	_____	UNDETERMINED
61.8. TONYROMABBQ.COM	UNDETERMINED	_____	UNDETERMINED
61.9. TONYROMASBBQ.COM	UNDETERMINED	_____	UNDETERMINED
62. Licenses, franchises, and royalties			
62.1. US DEPARTMENT OF AGRICULTURE FOOD SAFETY & INSPECTION SERVICE	UNDETERMINED	_____	UNDETERMINED
62.2. SQF INSTITUTE	UNDETERMINED	_____	UNDETERMINED
62.3. STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS DEPT OF HEALTH	UNDETERMINED	_____	UNDETERMINED
62.4. VILLAGE OF SOUTH HOLLAND LICENSES & PERMITS	UNDETERMINED	_____	UNDETERMINED
62.5. ROMADINING LLC	UNDETERMINED	_____	UNDETERMINED
62.6. THE NIELSEN COMPANY (US), LLC	UNDETERMINED	_____	UNDETERMINED
63. Customer lists, mailing lists, or other compilations			
63.1. RETAIL CUSTOMER LIST	\$25,572,916.82	Historical Cost less Amortization	\$25,572,916.82
63.2. FOOD SERVICE CUSTOMER LIST	\$2,124,999.77	Historical Cost less Amortization	\$2,124,999.77
64. Other intangibles, or intellectual property			
64.1. _____	\$ _____	_____	\$ _____
65. Goodwill			
65.1. _____	\$ _____	_____	\$ _____
66. Total of part 10			\$27,952,916.59

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

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☒ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____ = →	\$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. _____	\$ _____	\$ _____	_____	\$ _____

73. Interests in insurance policies or annuities

Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1. AMERICAN INTERNATIONAL GROUP	18803381	_____	_____	_____	UNDETERMINED
73.2. BLUE CROSS/BLUE SHIELD OF ILLINOIS C/O HEALTH CARE SERVICE CORPORATION	MEDICAL INSURANCE - BLUEEDGE SELECT HSA MBSC1807	_____	_____	_____	UNDETERMINED
73.3. BLUE CROSS/BLUE SHIELD OF ILLINOIS C/O HEALTH CARE SERVICE CORPORATION	MEDICAL INSURANCE - BLUE ADVANTAGE MHHB166	_____	_____	_____	UNDETERMINED
73.4. BLUE CROSS/BLUE SHIELD OF ILLINOIS C/O HEALTH CARE SERVICE CORPORATION	MEDICAL INSURANCE - BLUEEDGE HSA MPET1V07	_____	_____	_____	UNDETERMINED

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

73.5.	BLUE CROSS/BLUE SHIELD OF ILLINOIS C/O HEALTH CARE SERVICE CORPORATION	MEDICAL INSURANCE - BLUEPRINT PPO MPPC3836	_____	_____	_____	UNDETERMINED
73.6.	BLUE CROSS/BLUE SHIELD OF ILLINOIS C/O HEALTH CARE SERVICE CORPORATION	MEDICAL INSURANCE - BLUECHOICE PPO NBP93C36	_____	_____	_____	UNDETERMINED
73.7.	BLUE CROSS/BLUE SHIELD OF ILLINOIS C/O HEALTH CARE SERVICE CORPORATION	MEDICAL INSURANCE - BLUEPRINT PPO NPP93836	_____	_____	_____	UNDETERMINED
73.8.	CONEXIS COBRA ADMINISTRATION	NA	_____	_____	_____	UNDETERMINED
73.9.	GREAT AMERICAN INSURANCE GROUP	WC1230824-00	_____	_____	_____	UNDETERMINED
73.10.	LIBERTY MUTUAL INSURANCE CO	UMB5500204; ECO 17 57 19 09 27	_____	_____	_____	UNDETERMINED
73.11.	MSIG MITSUI SUMITOMMO INSURANCE USA INC	BVR 8405849	_____	_____	_____	UNDETERMINED
73.12.	MSIG MITSUI SUMITOMMO INSURANCE USA INC	UMB5500204	_____	_____	_____	UNDETERMINED
73.13.	MSIG MITSUI SUMITOMMO INSURANCE USA INC	PKG3126042	_____	_____	_____	UNDETERMINED
73.14.	NOVA 401K ASSOCIATES	NA	_____	_____	_____	UNDETERMINED
73.15.	PRINCIPAL FINANCIAL GROUP	NON-UNION EMPLOYEE - DENTAL 1044777-10001	_____	_____	_____	UNDETERMINED
73.16.	PRINCIPAL FINANCIAL GROUP	NON-UNION EMPLOYEE - GROUP TERM LIFE PLAN 1044777-10001	_____	_____	_____	UNDETERMINED
73.17.	PRINCIPAL FINANCIAL GROUP	NON-UNION EMPLOYEE - LONG TERM DISABILITY PLAN 1044777-10001	_____	_____	_____	UNDETERMINED
73.18.	PRINCIPAL FINANCIAL GROUP	NON-UNION EMPLOYEE - SHORT TERM DISABILITY PLAN 1044777-10001	_____	_____	_____	UNDETERMINED
73.19.	PRINCIPAL FINANCIAL GROUP	NON-UNION EMPLOYEE - VISION PLAN 1044777-10001	_____	_____	_____	UNDETERMINED
73.20.	UFCW LOCAL 1546 HEALTH & WELFARE/PENSION	23006	_____	_____	_____	UNDETERMINED
73.21.	VISION SERVICE PLAN	300586590001	_____	_____	_____	UNDETERMINED

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****74. Causes of action against third parties (whether or not a lawsuit has been filed)**

	Nature of claim	Amount requested	Current value of debtor's interest
74.1. ROMA DINING LLC	ADVERSARY PROCEEDING, CASE NO. 17-50345, USBC, DISTRICT OF DELAWARE, FILED 4/10/2017 FOR BREACH OF CONTRACT	UNDETERMINED	UNDETERMINED

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

	Nature of claim	Amount requested	Current value of debtor's interest
75.1. ROBERT MINTZ	ON SEPTEMBER 8, 2010, DANISH CROWN AMBA ("DANISH CROWN") FILED A LAWSUIT AGAINST RUPARI FOOD SERVICES, INC. ("RUPARI") IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY (3:10-CV-04603). DANISH CROWN CLAIMED THAT RUPARI BREACHED ITS CONTRACT WITH DANISH CROWN BY REFUSING CERTAIN SHIPMENTS OF RIBS DURING 2009. RUPARI FILED A COUNTERCLAIM AGAINST DANISH CROWN, ALLEGING THAT THE QUALITY CONTROL ISSUES CAUSED RUPARI TO LOSE CERTAIN CUSTOMERS, AND OTHERWISE RAISED DEFENSES TO THE COMPLAINT BROUGHT BY DANISH CROWN. ON MARCH 17, 2016, A JUDGEMENT WAS ENTERED AGAINST RUPARI IN THE LAWSUIT, IN THE AMOUNT OF \$2,123,145.63. RUPARI AND DANISH CROWN SETTLED THE LAWSUIT, AND THE PARTIES FILED A VOLUNTARY DISMISSAL. SUCH SETTLEMENT REQUIRES RUPARI TO SEEK INDEMNIFICATION FROM ROBERT MINTZ AND THE FORMER RUPARI SHAREHOLDERS, UNDER THE JULY 1, 2011 PURCHASE AGREEMENT. SUCH INDEMNIFICATION CLAIM HAS NOT YET BEEN FILED AGAINST ROBERT MINTZ. DEBTOR EXPRESSES NO OPINION AS TO THE PROBABLE OUTCOME OF SUCH MATTER.	\$17,000,000.00	UNDETERMINED

76. Trusts, equitable or future interests in property

76.1. _____ \$ _____

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1. _____ \$ _____

78. Total of part 11

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

UNDETERMINED

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

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$2,137,784.60	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$22,582.05	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$5,775,453.90	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$19,718,403.70	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$315,981.08	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$4,651,894.78	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$15,938,678.65
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$27,952,916.59	
90. All other assets. <i>Copy line 78, Part 11.</i> + UNDETERMINED		
91. Total. Add lines 80 through 90 for each column.91a.	\$60,575,016.70	+ 91b. \$15,938,678.65
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$76,513,695.35

Fill in this information to identify the case:

Debtor name: Rupari Food Services, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 17-10794

☐ Check if this is an
amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**Column A
**Amount of
Claim**Do not deduct
the value of
collateral.Column B
**Value of
collateral that
supports this
claim**2.1. **Creditor's name and address**ANTARES CAPITAL LP, AS AGENT
500 W MONROE ST
CHICAGO, IL 60661**Creditor's email address, if known**
_____**Date debt was incurred:** 7/1/2011 AND AS
LAST AMENDED 9/8/2016**Last 4 digits of account number:** 5112**Do multiple creditors have an interest in the
same property?**☐ No☒ Yes. Have you already specified the
relative priority?☒ No. Specify each creditor, including
this creditor, and its relative priority.
ANTARES CAPITAL LP, AS AGENT HAS
A LIEN SENIOR TO RUPARI BRIDGE CO.☐ Yes. The relative priority of creditors is
specified on lines: _____**Describe debtor's property that is subject
to a lien**SENIOR SECURED FACILITY BY
SUBSTANTIALLY ALL THE DEBTOR'S
ASSETS

\$23,758,006.91

UNDETERMINED

Describe the lienUCC-1 ASSIGNMENT - BLANKET LIEN
SECURED BY SUBSTANTIALLY ALL THE
DEBTOR'S ASSETS**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out Schedule H: Codebtors
(Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.2. Creditor's name and address**

BENEFICIAL EQUIPMENT FINANCE
CORPORATION
1033 S HANOVER STREET
POTTSTOWN, PA 19465

Creditor's email address, if known

Date debt was incurred: 5/4/2016

Last 4 digits of account number: 9001

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

METAL DETECTOR

\$29,732.55

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

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

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

☒ Contingent

☒ Unliquidated

☒ Disputed

2.3. Creditor's name and address

CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606

Creditor's email address, if known

Date debt was incurred: 1/24/2014

Last 4 digits of account number:
SUPPLEMENT 1

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

PRODUCTION EQUIPMENT

\$99,978.74

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

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

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

☒ Contingent

☒ Unliquidated

☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.4. Creditor's name and address**CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 5/1/2014**Last 4 digits of account number:**
SUPPLEMENT 2**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PRODUCTION EQUIPMENT

\$43,418.80

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed**2.5. Creditor's name and address**CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 6/13/2014**Last 4 digits of account number:**
SUPPLEMENT 3**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PRODUCTION EQUIPMENT

\$59,806.10

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.6. Creditor's name and address**CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 10/15/2014**Last 4 digits of account number:**
SUPPLEMENT 4**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PRODUCTION EQUIPMENT

\$181,087.13

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed**2.7. Creditor's name and address**CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 12/15/2014**Last 4 digits of account number:**
SUPPLEMENT 5**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PRODUCTION EQUIPMENT

\$65,211.17

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.8. Creditor's name and address**CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 4/15/2015**Last 4 digits of account number:**
SUPPLEMENT 6**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PRODUCTION EQUIPMENT

\$662,123.46

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed**2.9. Creditor's name and address**CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 1/29/2016**Last 4 digits of account number:**
SUPPLEMENT 7**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PRODUCTION EQUIPMENT

\$154,791.07

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.10. Creditor's name and address**CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 1/21/2016**Last 4 digits of account number:**
SUPPLEMENT 8**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PRODUCTION EQUIPMENT

\$110,922.21

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed**2.11. Creditor's name and address**CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 4/15/2016**Last 4 digits of account number:**
SUPPLEMENT 9**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PRODUCTION EQUIPMENT

\$449,678.38

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.12. Creditor's name and address**CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 2/29/2016**Last 4 digits of account number:**
SUPPLEMENT 10**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PRODUCTION EQUIPMENT

\$59,099.97

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed**2.13. Creditor's name and address**CAPX FUND IV L.P.
155 NORTH WACKER DRIVE
SUITE 1760
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** 4/29/2016**Last 4 digits of account number:**
SUPPLEMENT 11**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PRODUCTION EQUIPMENT

\$310,035.75

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.14. Creditor's name and address**CAPX PARTNERS
155 N WACKER DR
CHICAGO, IL 60606**Creditor's email address, if known**
_____**Date debt was incurred:** Various**Last 4 digits of account number:** _____**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

EQUIPMENT

UNDETERMINED UNDETERMINED

Describe the lienUCC-1 FINANCING STATEMENTS
RECORDED 9/11/14, 11/13/14 STATE OF IL
DOCUMENT # 019620557, 019798755**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed**2.15. Creditor's name and address**COOK COUNTY BOARD OF REVIEW
29-16-205-134-0000/-176/-178/-179
118 NORTH CLARK STREET
ROOM 601 COUNTY BUILDING
CHICAGO, IL 60602**Creditor's email address, if known**
_____**Date debt was incurred:** _____**Last 4 digits of account number:** _____**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

REAL PROPERTY

UNDETERMINED UNDETERMINED

Describe the lien

TAX

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**2.16. **Creditor's name and address**

EMPLOYMENT DEVELOPMENT
DEPARTMENT
PO BOX 826880
SACRAMENTO, CA 94280

Creditor's email address, if known

Date debt was incurred: _____

Last 4 digits of account number: _____

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

TAX LIEN

UNDETERMINED UNDETERMINED

Describe the lien

STATE TAX LIEN RECORDED 4/21/2015

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed2.17. **Creditor's name and address**

EMPLOYMENT DEVELOPMENT
DEPARTMENT
PO BOX 826880
SACRAMENTO, CA 94280

Creditor's email address, if known

Date debt was incurred: _____

Last 4 digits of account number: _____

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

TAX LIEN

UNDETERMINED UNDETERMINED

Describe the lien

STATE TAX LIEN RECORDED 7/21/2015

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.20. Creditor's name and address**

Name and Address Intentionally Omitted

Creditor's email address, if known
_____**Date debt was incurred:** 2/13/2017**Last 4 digits of account number:** 4114**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

LEASE PURCHASE - US14114 GT5EX-TWIN-SD-EYE-EI1000-OF-PM-PT-EWON-3P415V-Z2-Z3-3298; US14115 GT5EX-TWIN-SD-EYE-EI1000-OF-PM-PT-EWON-3P415V-Z2-Z3-3551 UNDETERMINED UNDETERMINED

Describe the lien

LENDER

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed**2.21. Creditor's name and address**

Name and Address Intentionally Omitted

Creditor's email address, if known
_____**Date debt was incurred:** 2/13/2017**Last 4 digits of account number:** 4114**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PACKAGING EQUIPMENT \$300,009.77 UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.22. Creditor's name and address**

Name and Address Intentionally Omitted

Creditor's email address, if known
_____**Date debt was incurred:** 11/23/2015**Last 4 digits of account number:** 9501**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

PACKAGING EQUIPMENT

\$382,383.36

UNDETERMINED

Describe the lien

EQUIPMENT LIEN

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed**2.23. Creditor's name and address**TRINITY VENDOR FINANCE
A DIVISION OF BANK OF THE WEST
475 SANSOME STREET
19TH FLOOR
SAN FRANCISCO, CA 94111**Creditor's email address, if known**
_____**Date debt was incurred:** 12/1/2013**Last 4 digits of account number:** 9734**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

LIFT TRUCKS

\$7,741.92

UNDETERMINED

Describe the lienUCC-1 FINANCING STATEMENTS
RECORDED 10/29/12, 12/2/13, 12/11/13 IN
STATE OF FL, DOCUMENT # 201300367944,
201300310691, 201207785014,
201207784913**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.24. Creditor's name and address**

TRINITY VENDOR FINANCE
A DIVISION OF BANK OF THE WEST
475 SANSOME STREET
19TH FLOOR
SAN FRANCISCO, CA 94111

Creditor's email address, if known
_____**Date debt was incurred:** 11/1/2012**Last 4 digits of account number:** 9734**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

LIFT TRUCKS

\$16,216.32

UNDETERMINED

Describe the lien

UCC-1 FINANCING STATEMENTS
RECORDED 10/29/12, 12/2/13, 12/11/13 IN
STATE OF FL, DOCUMENT # 201300367944,
201300310691, 201207785014,
201207784913

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed**2.25. Creditor's name and address**

TRINITY VENDOR FINANCE
A DIVISION OF BANK OF THE WEST
475 SANSOME STREET
19TH FLOOR
SAN FRANCISCO, CA 94111

Creditor's email address, if known
_____**Date debt was incurred:** 11/1/2012**Last 4 digits of account number:** 9734**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

LIFT TRUCKS

\$14,157.68

UNDETERMINED

Describe the lien

UCC-1 FINANCING STATEMENTS
RECORDED 10/29/12, 12/2/13, 12/11/13 IN
STATE OF FL, DOCUMENT # 201300367944,
201300310691, 201207785014,
201207784913

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☒ Contingent☒ Unliquidated☒ Disputed

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.26. **Creditor's name and address**
- TRINITY VENDOR FINANCE
A DIVISION OF BANK OF THE WEST
475 SANSOME STREET
19TH FLOOR
SAN FRANCISCO, CA 94111
- Creditor's email address, if known**
-
- Date debt was incurred:** 11/1/2012
- Last 4 digits of account number:** 9734
- Do multiple creditors have an interest in the same property?**
- ☒ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.
-
- ☐ Yes. The relative priority of creditors is specified on lines: _____
- Describe debtor's property that is subject to a lien**
- LIFT TRUCKS
- Describe the lien**
- UCC-1 FINANCING STATEMENTS
RECORDED 10/29/12, 12/2/13, 12/11/13 IN
STATE OF FL, DOCUMENT # 201300367944,
201300310691, 201207785014,
201207784913
- Is the creditor an insider or related party?**
- ☒ No
- ☐ Yes
- Is anyone else liable on this claim?**
- ☒ No
- ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).
- As of the petition filing date, the claim is:**
Check all that apply.
- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed
3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$26,718,261.93**

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

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

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

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	COOK COUNTY TREASURER'S OFFICE 118 NORTH CLARK ST. ROOM 112 CHICAGO, IL 60602	Line 2.15	_____
3.2.	FIFTH THIRD BANK LEGAL DEPARTMENT 38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263	Line 2.1	_____
3.3.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.3	_____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.4.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.4	_____
3.5.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.5	_____
3.6.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.6	_____
3.7.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.7	_____
3.8.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.8	_____
3.9.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.9	_____
3.10.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.10	_____
3.11.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.11	_____
3.12.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.12	_____
3.13.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.13	_____
3.14.	HORWOOD MARCUS & BERK CHARTERED JASON M TORF 500 W MADISON ST STE 3700 CHICAGO IL 60661	Line 2.14	_____
3.15.	KATTEN MUCHIN ROSENMAN LLP PAUL T MUSSER 525 W MONROE ST CHICAGO, IL 60661-3693	Line 2.1	_____
3.16.	POTTER ANDERSON & CORROON LLP JEREMY W RYAN; R STEPHEN MCNEILL 1313 NORTH MARKET ST, SIXTH FLOOR P O BOX 951 WILMINGTON, DE 19899-0951	Line 2.1	_____
3.17.	PROPERTY TAX APPEAL BOARD 29-16-205-134-0000/-176/-178/-179 401 SOUTH SPRING STREET STRATTON OFFICE BUILDING ROOM 402 SPRINGFIELD, IL 62704	Line 2.15	_____

Debtor **Rupari Food Services, Inc.**

Case number (if known) **17-10794**

3.18. SUNTRUST BANK
BOX 4418
MAIL CODE 1948
ATLANTA, GA 30302

Line 2.1

Fill in this information to identify the case:**Debtor name:** Rupari Food Services, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 17-10794☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

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

2.1. Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Total claim	Priority amount
ALABAMA DEPARTMENT OF REVENUE 50 NORTH RIPLEY STREET MONTGOMERY, AL 36132	<i>Check all that apply.</i>	UNDETERMINED	UNDETERMINED
Date or dates debt was incurred	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		Nonpriority amount UNDETERMINED
Last 4 digits of account number:	Basis for the claim: TAX		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2. Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Total claim	Priority amount
ARIZONA DEPARTMENT OF REVENUE 1600 W. MONROE PHOENIX, AZ 85007	<i>Check all that apply.</i>	UNDETERMINED	UNDETERMINED
Date or dates debt was incurred	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		Nonpriority amount UNDETERMINED
Last 4 digits of account number:	Basis for the claim: TAX		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.3.	Priority creditor's name and mailing address BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS 1 NORTH UNIVERSITY DRIVE #302 PLANATION, FL 33324-2038 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.4.	Priority creditor's name and mailing address CALIFORNIA - FRANCHISE TAX BOARD BANKRUPTCY, BE MS A345 P.O. BOX 2952 SACRAMENTO, CA 95812-2952 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED
2.5.	Priority creditor's name and mailing address CALIFORNIA FRANCHISE TAX BOARD PO BOX 942857 SACREMENTO, CA 94257-0531 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CALIFORNIE STATE CORPORATE INCOME TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Total claim UNDETERMINED	Priority amount UNDETERMINED Nonpriority amount UNDETERMINED

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.6.	Priority creditor's name and mailing address CALIFORNIA STATE BOARD OF EQUALIZATION (SBOE) SPECIAL OPERATIONS BANKRUPTCY TEAM MIC: 74, P.O. BOX 942879 SACRAMENTO, CA 94279-0074 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.7.	Priority creditor's name and mailing address COLORADO DEPTMENT OF REVENUE 1375 SHERMAN STREET DENVER , CO 80261 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										
2.8.	Priority creditor's name and mailing address COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF REVENUE P.O. BOX 7010 BOSTON, MA 02204 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>UNDETERMINED</td></tr></table>	Total claim	UNDETERMINED	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>UNDETERMINED</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>UNDETERMINED</td></tr></table>	Priority amount	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim										
UNDETERMINED										
Priority amount										
UNDETERMINED										
Nonpriority amount										
UNDETERMINED										

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.9.	Priority creditor's name and mailing address COMPTROLLER OF MARYLAND REVENUE REVENUE ADMINISTRATION CENTER 80 CALVERT STREET ANNAPOLIS, MD 21404 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.10.	Priority creditor's name and mailing address COMPTROLLER OF PUBLIC ACCOUNTS COMPTROLLER OF PUBLIC ACCOUNTS PO BOX 149348 AUSTIN, TX 78714-9348 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: STATE INCOME TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										
2.11.	Priority creditor's name and mailing address COOK COUNTY COLLECTOR DEPARTMENT OF REVENUE ENVIORN CONT 25831 NETWORK PLACE CHICAGO, IL 60673-1258 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount									
UNDETERMINED	UNDETERMINED									
Nonpriority amount										
UNDETERMINED										

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.12. Priority creditor's name and mailing address COOK COUNTY TREASURER PO BOX 805438 CHICAGO, IL 60680 Date or dates debt was incurred 2016 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: 2016 PROPERTY TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$468,458.96</td> <td style="text-align: center;">\$468,458.96</td> </tr> </table>	Total claim	Priority amount	\$468,458.96	\$468,458.96	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00
Total claim	Priority amount								
\$468,458.96	\$468,458.96								
Nonpriority amount									
\$0.00									
2.13. Priority creditor's name and mailing address DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS 401 FEDERAL ST SUITE 3 DOVER, DE 19901 Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.14. Priority creditor's name and mailing address DIVISION OF EMPLOYMENT SECURITY PO BOX 888 JEFFERSON CITY, MO 65102 Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: STATE UNEMPLOYMENT TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.15. Priority creditor's name and mailing address FLORIDA DEPARTMENT OF REVENUE OUT OF STATE COLLECTIONS UNIT 1415 W US HIGHWAY 90 STE 115 LAKE CITY, FL 32055-6123 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: FLORIDA STATE CORPORATE INCOME TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.16. Priority creditor's name and mailing address GEORGIA DEPARTMENT OF REVENUE N.E. 1800 CENTURY CENTER BOULEVARD ATLANTA, GA 30345 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.17. Priority creditor's name and mailing address IDAHO DEPARTMENT OF COMMERCE ATTN CASHIER 317 W MAIN STREET BOISE, ID 83735-0610 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.18. Priority creditor's name and mailing address**IDAHO STATE TAX COMMISSION
PO BOX 83784
BOISE, ID 83707-3784**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim:

IDAHO STATE BUSINESS TAX

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

2.19. Priority creditor's name and mailing addressILLINOIS DEPARTMENT OF REVENUE
JAMES R. THOMPSON CENTER -
CONCOURSE LEVEL
100 WEST RANDOLPH STREET
CHICAGO, IL 60601-3274**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim:

TAX

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

2.20. Priority creditor's name and mailing addressILLINOIS ENVIORNMENTAL
PROTECTION AGENCY
1201 NORTH GRAND AVENUE EAST
PO BOX 19506
SPRINGFIELD, IL 62702-4059**Date or dates debt was incurred**
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim:

OPERATING PERMIT

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.21. Priority creditor's name and mailing address ILLINOIS OFFICE OF THE STATE FIRE MARSHALL DIVISION OF BOILER AND PRESSURE VESSEL SAFETY PO BOX 3331 SPRINGFIELD, IL 62708-3331 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ANNUAL BOILER INSPECTION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim	Priority amount							
UNDETERMINED	UNDETERMINED							
Nonpriority amount								
UNDETERMINED								
2.22. Priority creditor's name and mailing address ILLINOIS SECRETARY OF STATE DEPARTMENT OF BUSINESS SERVICES 501 S 2ND STREET SPRINGFIELD, IL 62756-5510 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ILLINOIS STATE ANNUAL FRANCHISE TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim	Priority amount							
UNDETERMINED	UNDETERMINED							
Nonpriority amount								
UNDETERMINED								
2.23. Priority creditor's name and mailing address INTERNAL REVENUE SERVICE 1111 CONSTITUTION AVE., NW WASHINGTON, DC 20224 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	Nonpriority amount	UNDETERMINED
Total claim	Priority amount							
UNDETERMINED	UNDETERMINED							
Nonpriority amount								
UNDETERMINED								

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****2.24. Priority creditor's name and mailing address**

IOWA DEPARTMENT OF REVENUE
HOOVER BUILDING
TAXPAYER SERVICES/4TH FLOOR
1305 E. WALNUT
DES MOINES, IA 50319

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

TAX

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

2.25. Priority creditor's name and mailing address

IRS (INTERNAL REVENUE SERVICE)
10TH ST AND PENNSYLVANIA AVE, NW
WASHINGTON, DC 20530

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

TAX

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

2.26. Priority creditor's name and mailing address

LOUISIANA DEPARTMENT OF REVENUE
P.O. BOX 201
BATON ROUGE, LA 70821

Date or dates debt was incurred**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

TAX

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.27. Priority creditor's name and mailing address MICHIGAN DEPARTMENT OF TREASURY TREASURY BUILDING LANSING, MI 48922 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.28. Priority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION 1550 E. COLLEGE PARKWAY CARSON CITY, NV 89706 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.29. Priority creditor's name and mailing address NEW HAMPSHIRE DEPT. OF REV ADMIN 109 PLEASANT STREET CONCORD, NH 03301 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.30. Priority creditor's name and mailing address NEW HAMPSHIRE EMPLOYMENT SECURITY ATTN CASHIER PO BOX 2048 CONCORD, NH 03302-2058 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: EMPLOYMENT TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.31. Priority creditor's name and mailing address NEW JERSEY DIVISION OF TAXATION BANKRUPTCY SECTION P.O. BOX 245 TRENTON, NJ 08695-0245 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.32. Priority creditor's name and mailing address NEW YORK CITY DEPT. OF FINANCE 1 CENTRE STREET, (MUNICIPAL BLDG., #500) NEW YORK, NY 10007 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.33. Priority creditor's name and mailing address NEW YORK DEPT OF TAX & FINANCE BANKRUPTCY SECTION P.O. BOX 5300 ALBANY, NY 12205-0300 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.34. Priority creditor's name and mailing address NORTH CAROLINA DEPT. OF REVENUE 501 N. WILMINGTON STREET RALEIGH, NC 27604 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.35. Priority creditor's name and mailing address OHIO DEPARTMENT OF TAXATION P.O. BOX 530 COLUMBUS, OH 43216-0530 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

<p>2.36. Priority creditor's name and mailing address</p> <p>OREGON DEPARTMENT OF REVENUE 955 CENTER STREET, N.E. SALEM, OR 97310</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TAX</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Total claim</p> <p>UNDETERMINED</p>	<p>Priority amount</p> <p>UNDETERMINED</p>
			<p>Nonpriority amount</p> <p>UNDETERMINED</p>
<p>2.37. Priority creditor's name and mailing address</p> <p>PA DEPARTMENT OF REVENUE BUREAU OF CORPORATION TAXES PO BOX 280425 HARRISBURG, PA 17128-2005</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>STATE INCOME TAXES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Total claim</p> <p>UNDETERMINED</p>	<p>Priority amount</p> <p>UNDETERMINED</p>
			<p>Nonpriority amount</p> <p>UNDETERMINED</p>
<p>2.38. Priority creditor's name and mailing address</p> <p>PENNSYLVANIA DEPT. OF REVENUE 11 STRAWBERRY SQUARE HARRISBURG, PA 17128</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number:</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>TAX</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Total claim</p> <p>UNDETERMINED</p>	<p>Priority amount</p> <p>UNDETERMINED</p>
			<p>Nonpriority amount</p> <p>UNDETERMINED</p>

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.39. Priority creditor's name and mailing address SOUTH CAROLINA DEPT. OF REVENUE 301 GERVAIS STREET P.O BOX 125 COLUMBIA, SC 29201 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.40. Priority creditor's name and mailing address STATE OF DELAWARE DIVISION OF REVENUE CARVEL STATE OFFICE BUILDING 820 N. FRENCH STREET WILMINGTON, DE 19801 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.41. Priority creditor's name and mailing address STATE OF FLORIDA DEPARTMENT OF REVENUE 5050 WEST TENNESSEE STREET TALLAHASSEE , FL 32399-0100 Date or dates debt was incurred <hr/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.42. Priority creditor's name and mailing address TENNESSEE DEPARTMENT OF REVENUE ANDREW JACKSON BUILDING 500 DEADRICK STREET NASHVILLE, TN 37242 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.43. Priority creditor's name and mailing address TEXAS COMPTROLLER OF PUBLIC ACCOUNTS P.O. BOX 13528, CAPITOL STATION AUSTIN, TX 78711-3528 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									
2.44. Priority creditor's name and mailing address VERMONT DEPARTMENT OF TAXES 109 STATE STREET, PAVILION OFFICE BUILDING MONTPELIER, VT 05609 Date or dates debt was incurred <hr style="width: 250px; margin-left: 0;"/> Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Total claim	Priority amount	UNDETERMINED	UNDETERMINED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">UNDETERMINED</td> </tr> </table>	Nonpriority amount	UNDETERMINED
Total claim	Priority amount								
UNDETERMINED	UNDETERMINED								
Nonpriority amount									
UNDETERMINED									

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**2.45. **Priority creditor's name and mailing address**

VIRGINIA DEPARTMENT OF TAXATION
OFFICE OF CUSTOMER SERVICE
P.O. BOX 1115
RICHMOND, VA 23218-1115

Date or dates debt was incurred
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

TAX

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

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

WISCONSIN DEPARTMENT OF
REVENUE
2135 RIMROCK ROAD
MADISON, WI 53713

Date or dates debt was incurred
_____**Last 4 digits of account number:****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim:

TAX

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

UNDETERMINED

Priority amount

UNDETERMINED

Nonpriority amount

UNDETERMINED

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

3.1.	Nonpriority creditor's name and mailing address 3M 2807 PAYSHERE CR. CHICAGO, IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,515.54
3.2.	Nonpriority creditor's name and mailing address A&A CONTRACT CUSTOMS BROKERS PO BOX 4772 BLAINE, WA 98231-4772 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,870.96
3.3.	Nonpriority creditor's name and mailing address AAA VALLEY FIRE EQUIP. INC. 4333 CALUMET AVE HAMMOND, IN 46320 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$616.00

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.4.	Nonpriority creditor's name and mailing address ACOSTA, INC. P.O. BOX 281996 ATLANTA, GA 30384-1996 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,248.07
3.5.	Nonpriority creditor's name and mailing address ADVANTAGE PACKAGING 12301 NEW AVENUE SUITE A LEMONT, IL 60439 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$46,065.30
3.6.	Nonpriority creditor's name and mailing address AIRGAS USA LLC P.O. BOX 902576 CHICAGO, IL 60680-2576 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,274.60

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.7.	Nonpriority creditor's name and mailing address ALEXANDER, DOYLE Address Intentionally Omitted Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ALLEGED WORKERS COMPENSATION 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 ALKAR-RAPID PAK, INC. 4012 PAYSHPERE CIRCLE CHICAGO, IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$573.51
3.9.	Nonpriority creditor's name and mailing address ALL AMERICAN CHEMICAL CO., INC 1701 N 33RD AVE MELROSE PARK, IL 60160 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,485.35

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.10.	Nonpriority creditor's name and mailing address ALLIED ELECTRONICS INC. PO BOX 2325 FORT WORTH, TX 76113-2325 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,341.64
3.11.	Nonpriority creditor's name and mailing address ALPHA I MARKETING CORP 65 WEST RED OAK LANE WHITE PINES, NY 10604 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,250.00
3.12.	Nonpriority creditor's name and mailing address AMERICAN EXPRESS BOX 0001 LOS ANGELES, CA 90096-8000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$30,552.10

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3.13.	Nonpriority creditor's name and mailing address AMS MECHANICAL SYSTEMS, INC. 140 E. TOWER DRIVE BURR RIDGE, IL 60527 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$409.46
3.14.	Nonpriority creditor's name and mailing address ANDERSON PEST SOLUTIONS P.O. BOX 600670 JACKSONVILLE, FL 32260-0670 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,466.00
3.15.	Nonpriority creditor's name and mailing address ASENZYA INC. PO BOX 9 KENOSHA, WI 53141 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$60,154.59

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3.16.	Nonpriority creditor's name and mailing address ASG INC. PO BOX 732 SOUTH HOLLAND, IL 60473 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,982.40
3.17.	Nonpriority creditor's name and mailing address ASHLAND COLD STORAGE COMPANY 65 S. BARRINGTON RD. BARRINGTON, IL 60010 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,591.09
3.18.	Nonpriority creditor's name and mailing address AT&T PO BOX 5080 CAROL STREAM, IL 301975080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$216.46

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.19.	Nonpriority creditor's name and mailing address AT&T MOBILITY PO BOX 6463 CAROL STREAM, IL 601976463 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$244.62
3.20.	Nonpriority creditor's name and mailing address BANK OF THE WEST PO BOX 7167 PASADENA, CA 911097167 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,917.06
3.21.	Nonpriority creditor's name and mailing address BARCODES LLC PO BOX 0776 CHICAGO, IL 60690-0776 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$442.00

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3.22.	Nonpriority creditor's name and mailing address BARNES, RICHARDSON & COLBURN L 303 EAST WACKER DR SUITE 1020 CHICAGO, IL 60601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,459.45
3.23.	Nonpriority creditor's name and mailing address BEAVER, REGINALD Address Intentionally Omitted Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ALLEGED WORKERS COMPENSATION 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 BEMIS COMPANY, INC. 24815 NETWORK PLACE CHICAGO, IL 60673-1248 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,800.00

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3.25.	Nonpriority creditor's name and mailing address BJ'S WAREHOUSE CLUB INC. PO BOX 5231 WESTBOROUGH, MA 158152 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$68,183.77
3.26.	Nonpriority creditor's name and mailing address BMO HARRIS BANK NA 111 W. MONROE ST 23RD FLOOR WE CHICAGO, IL 60603 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,016.22
3.27.	Nonpriority creditor's name and mailing address BOYERS FOOD MARKETS 901 MOOREFIELD PARK DR. SUITE 111 RICHMOND, VA 23236 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$280.00

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.28.	Nonpriority creditor's name and mailing address BOZZUTO'S INC 275 SCHOOLHOUSE RD CHESHIRE, CT 64100 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$278.50
3.29.	Nonpriority creditor's name and mailing address BUDRECK TRUCK LINES, INC. 2642 JOSEPH CT UNIVERSITY PARK, IL 60484 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,334.45
3.30.	Nonpriority creditor's name and mailing address BUNZL PROCESSOR DIVISION 12240 COLLECTIONS CENTER DR. CHICAGO, IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,506.64

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.31.	Nonpriority creditor's name and mailing address C.A.T. GLOBAL INC PO BOX 66512 CHICAGO, IL 60666-0512 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,200.00
3.32.	Nonpriority creditor's name and mailing address C.H. ROBINSON WORLDWIDE, INC. PO BOX 9121 MINNEAPOLIS, MN 55480-9121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$23,624.24
3.33.	Nonpriority creditor's name and mailing address CALIBER PACKAGING LLC PO BOX 850 MOKENA, IL 60448 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,250.58

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3.34.	Nonpriority creditor's name and mailing address CALUMET CITY PLUMBING P.O. BOX 150 CALUMET CITY, IL 60409 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,847.50
3.35.	Nonpriority creditor's name and mailing address CANAMMEATS 6905 KENDERRY GATE UNIT 2 MISSISSAUGA, ON L5T2Y8 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$673,583.35
3.36.	Nonpriority creditor's name and mailing address CARGO DATA PO BOX 6553 VENTURA, CA 93006 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$952.31

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.37.	Nonpriority creditor's name and mailing address CDW DIRECT PO BOX 75723 CHICAGO, IL 60675-5723 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,044.64
3.38.	Nonpriority creditor's name and mailing address CHEP USA 15226 COLLECTIONS CENTER DR. CHICAGO, IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,088.32
3.39.	Nonpriority creditor's name and mailing address CHICAGO GLUE MACHINE 750 N. BAKER DR ITASCA, IL 60143 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$157.83

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.40.	Nonpriority creditor's name and mailing address CHICAGO SUBURBAN EXPRESS, INC. PO BOX 388568 CHICAGO, IL 60638 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$155.73
3.41.	Nonpriority creditor's name and mailing address CINTAS CORPORATION PO BOX 631025 CINCINNATI, OH 45263-1025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$33,912.16
3.42.	Nonpriority creditor's name and mailing address CL VENDING INC PO BOX 339 CEDAR LAKE, IN 46303 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,831.37

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3.43.	Nonpriority creditor's name and mailing address CLEMENS FOOD GROUP LLC 2700 CLEMENS ROAD HATFIELD, PA 19440-0800 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$0.00
3.44.	Nonpriority creditor's name and mailing address CLIMATE ENGINEERED STRUCTURES 141 GARLISCH DR ELK GROVE VILLA, IL 60007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$89.00
3.45.	Nonpriority creditor's name and mailing address CMA/FLODYNE 1000 MUIRFIELD DR HANTOVER PARK, IL 60133 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$862.07

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3.46.	Nonpriority creditor's name and mailing address CMO GRAPHICS INC 212 W VAN BUREN ST. SUITE 5TH FLOOR CHICAGO, IL 60607 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$21,220.00
3.47.	Nonpriority creditor's name and mailing address COOK COUNTY TREASURER PO BOX 805438 CHICAGO, IL 60680-4155 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$468,458.96
3.48.	Nonpriority creditor's name and mailing address CORE PACKAGING P.O. BOX 1157 MATTHEWS, NC 28106 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,705.92

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3.49.	Nonpriority creditor's name and mailing address CORPORATE COST SOLUTIONS INC 73 DEER PARK AVE SUITE 4 BABYLON, NY 11702 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,867.50
3.50.	Nonpriority creditor's name and mailing address COYOTE PO BOX 742636 ATLANTA, GA 30374-2636 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,981.00
3.51.	Nonpriority creditor's name and mailing address CP PACKAGING 2530 W. EVERETT ST. APPLETON, WI 54914 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,094.49

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3.52.	Nonpriority creditor's name and mailing address CROWN LIFT TRUCKS PO BOX 641173 CINCINNATI, OH 45264-1173 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,183.00
3.53.	Nonpriority creditor's name and mailing address CRYOVAC INC. 26081 NETWORK PLACE CHICAGO, IL 60673-1260 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,576.30
3.54.	Nonpriority creditor's name and mailing address D2 INGREDIENTS 1244 ENTERPRISE DRIVE DE PERE, WI 54115 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,177.05

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3.55.	Nonpriority creditor's name and mailing address DANISH CROWN AMBA ATTN PREBEN SUNKE GROUP CFO MARSVEJ 43 DK-8960 RANDERS SOE DENMARK Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONFIDENTIAL SETTLEMENT AGREEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,200,000.00
3.56.	Nonpriority creditor's name and mailing address DARLING INTERNATIONAL INC PO BOX 552210 DETROIT, MI 48255-2210 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,007.12
3.57.	Nonpriority creditor's name and mailing address DAWN USA PO BOX 1423 SOUTH HOLLAND, IL 60473 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$100,416.32

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3.58.	Nonpriority creditor's name and mailing address DEAN DORTON SUITE 600 LEXINGTON, KY 40507 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,000.00
3.59.	Nonpriority creditor's name and mailing address DIAZ, MARIA Address Intentionally Omitted Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ALLEGED WORKERS COMPENSATION CLAIM (#A00082847 & A00085858) 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 DMS MET MEAT BUYING SERVICE IN 99 SEAVIEW BLVD SUITE 340 PORT WASHINGTON, NY 11050 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,200.00

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3.61.	Nonpriority creditor's name and mailing address DNV CERTIFICATION, INC. P.O. BOX 934927 ATLANTA, GA 31193-4927 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,017.95
3.62.	Nonpriority creditor's name and mailing address DOMTAR 14544 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,113.35
3.63.	Nonpriority creditor's name and mailing address DON LEVY LABORATORIES 11165 DELAWARE PARKWAY CROWN POINT, IN 46307 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,710.00

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3.64.	Nonpriority creditor's name and mailing address DON SPENDER LAWN CARE, INC. PO BOX 345 SOUTH HOLLAND, IL 60473 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,047.00
3.65.	Nonpriority creditor's name and mailing address DREAMWORKS 2323 RAVINE WAY GLENVIEW, IL 60025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$72,371.69
3.66.	Nonpriority creditor's name and mailing address DUKE REPAIR SERVICES 2333N 75TH AVE ELMWOOD PARK, IL 60707 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$603.00

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3.67.	Nonpriority creditor's name and mailing address DYNAMIC DATA CORP. 70 OSPREY DRIVE OLD BRIDGE, NJ 8857	As of the petition filing date, 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 \$802.32
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68.	Nonpriority creditor's name and mailing address EDGE BIOLOGICALS, INC PO BOX 11989 MEMPHIS, TN 38111	As of the petition filing date, 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 \$1,597.35
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.69.	Nonpriority creditor's name and mailing address EDICT SYSTEMS INC. P.O. BOX L-3115 COLUMBUS, OH 43260	As of the petition filing date, 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 \$73.09
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.70.	Nonpriority creditor's name and mailing address ELITE STAFFING INC. PO BOX 87618 CHICAGO, IL 60680-0618 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$186,656.94
3.71.	Nonpriority creditor's name and mailing address EMMRICK ELECTRIC, INC. 729 ARLINGTON AVE NAPERVILLE, IL 60565 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,894.00
3.72.	Nonpriority creditor's name and mailing address ENVIROMENTAL MONITORING 8100 N. AUSTIN AVE. MORTON GROVE, IL 60053 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,350.00

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3.73.	Nonpriority creditor's name and mailing address EQUILIBIRUM IT SOLUTIONS 5559 NORTH ELSTON AVE CHICAGO, IL 60630 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$27,706.50
3.74.	Nonpriority creditor's name and mailing address FASTENAL COMPANY PO BOX 1286 WINONA, MN 55987-1286 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,264.65
3.75.	Nonpriority creditor's name and mailing address FEDERAL EXPRESS CORPORATION P.O. BOX 94515 PALATINE, IL 60094-4515 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,207.14

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3.76.	Nonpriority creditor's name and mailing address FIESTA RESTAURANT GROUP INC STE 500 ADDISON, TX 75254 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,000.00
3.77.	Nonpriority creditor's name and mailing address FLUKE ELECTRONICS 7272 COLLECTION CENTER DR. CHICAGO, IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$158.00
3.78.	Nonpriority creditor's name and mailing address FOX VALLEY INDUSTRIAL SCALE IN 109 FORD DR. SUITE D NEW LENOX, IL 60451 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,369.00

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3.79.	Nonpriority creditor's name and mailing address FPEC FOOD PROCESSING EQUIP. CO 2216 FORD AVE SPRINGDALE, AR 72764 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,877.40
3.80.	Nonpriority creditor's name and mailing address FRANTZ COMPANY INC. PO BOX 344 BUTLER, WI 53007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,027.45
3.81.	Nonpriority creditor's name and mailing address GC METRICS INC 334 UNDERHILL AVE BLDG #4 YORKTOWN HEIGHTS, NY 10598 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$53,000.00

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3.82.	Nonpriority creditor's name and mailing address GE BETZ, INC. 7796 COLLECTIONS CENTER DR, CHICAGO, IL 60693-0077 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,749.48
3.83.	Nonpriority creditor's name and mailing address GENESIS SUPPLY CHAIN 116 BEDFORD RD UNIT 301 TORONTO, ON M5R2K2 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$28,051.71
3.84.	Nonpriority creditor's name and mailing address GRAINGER DEPT. 812278091 PALATINE, IL 60038-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,676.74

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3.85.	Nonpriority creditor's name and mailing address GRASSELLISSI 410 CHARLES STREET THROOP, PA 18512 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,210.82
3.86.	Nonpriority creditor's name and mailing address GREAT LAKES ROOFING P.O. BOX 862 HAMMOND, IN 46325-0862 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$606.00
3.87.	Nonpriority creditor's name and mailing address GREENWOOD ASSOCIATES, INC. PO BOX 87618 CHICAGO, IL 60680-0618 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$32,903.68

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3.88.	Nonpriority creditor's name and mailing address HARBRO LABEL, LLC 1380 BAGEL BOULEVARD BATAVIA, IL 60510 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,160.92
3.89.	Nonpriority creditor's name and mailing address HARRIS EQUIPMENT 2040 NORTH HAWTHORNE AVE. MELEROSE PARK, IL 60160 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,112.57
3.90.	Nonpriority creditor's name and mailing address HINCKLEY SPRINGS PO BOX 660579 DALLAS, TX 75266-0579 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$119.72

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3.91.	Nonpriority creditor's name and mailing address HITACHI INDUSTRIAL EQUIPMENT PO BOX 3627 CAROL STREAM, IL 60132-3627 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,082.66
3.92.	Nonpriority creditor's name and mailing address HOLLAND APPLIED TECHNOLOGIES 7050 HIGH GROVE BLVD BURR RIDGE, IL 60527 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,095.75
3.93.	Nonpriority creditor's name and mailing address HOLLAND PRINTING, INC. 922 E. 162ND STREET SOUTH HOLLAND, IL 60473 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,441.35

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3.94.	Nonpriority creditor's name and mailing address HYGIENA LLC 1801 W OLYMPIC BLVD PASADENA, CA 91199-2007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$561.41
3.95.	Nonpriority creditor's name and mailing address IEMA 1035 OUTER PARK DRIVE SPRINGFIELD, IL 62704 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$150.00
3.96.	Nonpriority creditor's name and mailing address IESCO INC. 5235 B WEST 65TH ST BEDFORD PARK, IL 60638 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,526.68

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3.97.	Nonpriority creditor's name and mailing address INFORMA ECONOMICS PO BOX 416655 BOSTON, MA 22416 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$750.00
3.98.	Nonpriority creditor's name and mailing address INTEGRITY EXPRESS LOGISTICS LL 62488 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0624 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,979.00
3.99.	Nonpriority creditor's name and mailing address INTER-TECH SUPPLIES, INC. 802 E. FAIRMONT STREET ALLENTOWN, PA 18109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,384.03

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3.100.	Nonpriority creditor's name and mailing address INTRALOX LLC PO BOX 730367 DALLAS, TX 75373-0367 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,207.10
3.101.	Nonpriority creditor's name and mailing address J & D BROKERAGE, INC. PO BOX 1218 BEDFORD PARK, IL 60499-1218 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,600.00
3.102.	Nonpriority creditor's name and mailing address J.M. SWANK, LLC LOCK BOX 99013 CHICAGO, IL 60693-9013 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,160.25

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3.103.	Nonpriority creditor's name and mailing address JASON'S FOODS INC. 208 E. HELEN ROAD PALATINE, IL 60067 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,455.00
3.104.	Nonpriority creditor's name and mailing address JBT CAT PO BOX 772998 CHICAGO, IL 60677-0298 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,054.13
3.105.	Nonpriority creditor's name and mailing address JKC TRUCKING INC 5450 SOUTH CENTER AVE SUMMIT, IL 60501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$18,605.00

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3.106.	Nonpriority creditor's name and mailing address KEY FOOD 1200 SOUTH AVENUE STE #103 STATEN ISLAND, NY 10314 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,295.00
3.107.	Nonpriority creditor's name and mailing address KEYMAC USA LLC 8702 RED OAK BLVD SUITE E CHARLOTTE, NC 28217 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$24,412.56
3.108.	Nonpriority creditor's name and mailing address KINGS SUPERMARKETS INC 100 CHALLENGER ROAD SUITE 301 RIDGEFIELD PARK, NJ 76600 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$360.00

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3.109.	Nonpriority creditor's name and mailing address KOHLER INDUSTRIES P.O. 29496 LINCOLN, NE 68529 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$0.00
3.110.	Nonpriority creditor's name and mailing address KRC LOGISTICS 5603 PAYSPHERE CIRCLE CHICAGO, IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,106.58
3.111.	Nonpriority creditor's name and mailing address KWALYTI TOOLING AND MACHINERY 1690 E FABYAN PARKWAY BATAVIA, IL 60510 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,064.56

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3.112.	Nonpriority creditor's name and mailing address LAMEX FOODS INC. PO BOX 205466 DALLAS, TX 75320-5466 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$66,388.81
3.113.	Nonpriority creditor's name and mailing address LASALLE SOLUTIONS 9550 W. HIGGINS ROAD SUITE 600 ROSEMONT, IL 60018 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,497.00
3.114.	Nonpriority creditor's name and mailing address LEVEL 3 COMMUNICATIONS PO BOX 910182 DENVER, CO 80291-0182 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,624.12

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3.115. Nonpriority creditor's name and mailing address LIBERTY FREEZERS LONDON LDT 2485 SURVEYOR ROAD MISSISSAUGA, ON L5N3J4 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,150.25
3.116. Nonpriority creditor's name and mailing address LINKEDIN CORPORATION 62228 COLLECTIONS CENTER DR CHICAGO, IL 60693-0622 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,500.00
3.117. Nonpriority creditor's name and mailing address LISTON & TSANTILIS, P.C. 33 NORTH LASALLE STREET 28TH FLOOR CHICAGO, IL 60602 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,489.30

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3.118.	Nonpriority creditor's name and mailing address LOMA SYSTEMS INC. 39425 TREASURY CENTER CHICAGO, IL 60694-9400 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,012.50
3.119.	Nonpriority creditor's name and mailing address LTL SERVICE, INC. 330 E. MAHN CT SUITE 200 OAK CREEK, WI 53154 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,226.22
3.120.	Nonpriority creditor's name and mailing address LUCID PARTNERS, INC. 7N665 STEVENS GLEN RD. ST. CHARLES, IL 60175 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$400.00

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3.121. Nonpriority creditor's name and mailing address MCELROY,DEUTSCH,MULVANEY & PO BOX 2075 MORRISTOWN, NJ 79622 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,840.50
3.122. Nonpriority creditor's name and mailing address MCMASTER-CARR SUPPLY CO. P.O. BOX 7690 CHICAGO, IL 60680-7690 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,044.94
3.123. Nonpriority creditor's name and mailing address METROPOLITAN WATER RECLAMATION LOCKBOX 98429 CHICAGO, IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$68,125.98

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3.124.	Nonpriority creditor's name and mailing address METTLER-TOLEDO SAFELINE 22677 NETWORK PLACE CHICAGO, IL 60673-1226 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,427.00
3.125.	Nonpriority creditor's name and mailing address MFW SERVICE, INC. P.O. BOX 429 WORTH, IL 60482 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$750.00
3.126.	Nonpriority creditor's name and mailing address MID AMERICAN ENERGY CO. PO BOX 8020 DAVENPORT, IA 52808-8020 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$88,588.27

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3.127.	Nonpriority creditor's name and mailing address MIDWEST INDUSTRIAL RUBBER INC PO BOX 771280 ST LOUIS, MO 63177-2280 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,561.69
3.128.	Nonpriority creditor's name and mailing address MORGAN BIRGE & ASSOCIATES 4TH FLOOR CHICAGO, IL 60654 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$480.00
3.129.	Nonpriority creditor's name and mailing address MOTION INDUSTRIES, INC. PO BOX 504606 ST. LOUIS, MO 63150 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$553.88

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3.130.	Nonpriority creditor's name and mailing address MULLINS FOOD PRODUCTS 72294 EAGLE WAY CHICAGO, IL 60678-7252 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$426,258.61
3.131.	Nonpriority creditor's name and mailing address NANCY MOYER LABEL 5711 PARK DRIVE BOWIE, MD 20715 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$550.00
3.132.	Nonpriority creditor's name and mailing address NATIONAL ACCESS DESIGN LLC 1924 LOSANTIVILEQLE AVE CINCINNATI, OH 45232 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$90.00

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3.133. Nonpriority creditor's name and mailing address NCH MARKETING SERVICES INC. 25642 NETWORK PLACE CHICAGO, IL 60673-1256 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,693.58
3.134. Nonpriority creditor's name and mailing address NEWLYWEDS FOODS 0007 MOMENTUM PLACE CHICAGO, IL 60689-5300 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,418.20
3.135. Nonpriority creditor's name and mailing address NEWS AMERICA MARKETING FSI, LL PO BOX 7247-6168 PHILADELPHIA, PA 19170-6768 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,882.00

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3.136.	Nonpriority creditor's name and mailing address NICHOLL FOOD PACKAGING WALKMILL LANE CANNOCK STAFFORDSHIRE, WS11 0XA UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$125,413.00
3.137.	Nonpriority creditor's name and mailing address NICOR GAS PO BOX 5407 CAROL STREAM, IL 60197-5407 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$114.05
3.138.	Nonpriority creditor's name and mailing address NORTH AMERICAN 2101 CLAIRE COURT GLENVIEW, IL 60025-7634 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,750.72

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3.139.	Nonpriority creditor's name and mailing address NW FRENCH AND ASSOC. 1502 1ST AVENUE NORTH FARGO, ND 58102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,933.60
3.140.	Nonpriority creditor's name and mailing address OCCUPATIONAL HEALTH CENTERS PO BOX 488 LOMBARD, IL 60148 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$146.00
3.141.	Nonpriority creditor's name and mailing address OLD WORLD SPICES & SEASONING, INC. 5320 COLLEGE BLVD OVERLAND PARK, KS 66211 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,025.67

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3.142.	Nonpriority creditor's name and mailing address ONE NETWORK ENTERPRISES 4055 VALLEY VIEW LANE SUITE 1000 DALLAS, TX 75244-5069 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$300.00
3.143.	Nonpriority creditor's name and mailing address ORACLE AMERICA, INC. PO BOX 203448 DALLAS, TX 75320-3448 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,106.27
3.144.	Nonpriority creditor's name and mailing address ORANGE COMMERCIAL CREDIT PO BOX 11099 OLYMPIA, WA 98508-1099 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,524.00

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3.145.	Nonpriority creditor's name and mailing address PACIFIC SEA FOOD-OREGON PO BOX 842757 BOSTON, MA 22842 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$121.43
3.146.	Nonpriority creditor's name and mailing address PACIFIC TELEMAGEMENT SRVCS 2001 CROW CANYON ROAD SUITE 201 SAN RAMON, CA 94583 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$78.00
3.147.	Nonpriority creditor's name and mailing address PACKAGING CORPORTION OF AMERICA 39874 TREASURY CENTER CHICAGO, IL 606949800 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$54,807.57

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3.148.	Nonpriority creditor's name and mailing address PAKSENSE, INC. PASADENA, CA 91185-4190 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,510.17
3.149.	Nonpriority creditor's name and mailing address PAUL REILLY COMPANY ILL, INC 1967 QUINCY COURT GLENDALE HEIGHT, IL 60139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,777.40
3.150.	Nonpriority creditor's name and mailing address PERISHABLE DISTRIBUTION PO BOX 7769 CAROL STREAM, IL 60197-7769 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$625.00

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3.151.	Nonpriority creditor's name and mailing address PERISHABLE SALES INC 165 HANSEN CT. SUITE 100 WOOD DALE, IL 60191 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$611.44
3.152.	Nonpriority creditor's name and mailing address PINPOINT DATA 339 SOMERSET STREET NORTH PLAINFIEL, NJ 7060 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,624.56
3.153.	Nonpriority creditor's name and mailing address PITNEY BOWES GLOBAL PO BOX 371887 PITTSBURGH, PA 15250-7887 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$197.28

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3.154.	Nonpriority creditor's name and mailing address POLAR TECH INDUSTRIES PO BOX 5930 BLOOMINGTON, IL 61702-5930 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,455.67
3.155.	Nonpriority creditor's name and mailing address PPC INDUSTRIES, INC PO BOX 71178 CHICAGO, IL 60694-1178 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,627.20
3.156.	Nonpriority creditor's name and mailing address PRESENTURE LLC ONE RIVERWAY SUITE 2060 HOUSTON, TX 77056 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$19,813.39

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3.157. Nonpriority creditor's name and mailing address PROMOTIONAL SERVICES 3607 OXFORD AVE, NW MASSILLON, OH 44646 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$624.13
3.158. Nonpriority creditor's name and mailing address Name and Address Intentionally Omitted Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$95,030.93
3.159. Nonpriority creditor's name and mailing address PURCHASE POWER P.O. BOX 371874 PITTSBURGH, PA 15250-7874 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,065.86

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3.160.	Nonpriority creditor's name and mailing address QUENCH USA INC. PO BOX 781393 PHILADELPHIA, PA 19178-1393 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$279.60
3.161.	Nonpriority creditor's name and mailing address RANTOUL FOODS, LLC PO BOX 964 BEDFORD PARK, IL 60499-0964 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$42,846.25
3.162.	Nonpriority creditor's name and mailing address REDWOOD MULTIMODAL 32433 COLLECTION CENTER DR CHICAGO, IL 60693-0324 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$17,838.01

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3.163.	Nonpriority creditor's name and mailing address REFRIGIWEAR INC. PO BOX 39 DAHLONEGA, GA 30533-0039 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$680.29
3.164.	Nonpriority creditor's name and mailing address RELIABLE DOOR AND DOCK INC PO BOX 278 JACKSON, WI 53037 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,625.00
3.165.	Nonpriority creditor's name and mailing address REMKE MARKETS, INC PO BOX 1327 FLORENCE, KY 41022 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$150.00

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3.166.	Nonpriority creditor's name and mailing address REPACORP, INC 31 INDUSTRY PARK COURT TIPP CITY, OH 45371 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,899.21
3.167.	Nonpriority creditor's name and mailing address REPUBLIC SERVICES #721 PO BOX 9001154 LOUISVILLE, KY 40290-1154 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$22,968.76
3.168.	Nonpriority creditor's name and mailing address RFX REFRIGERATED FOOD 57 LITTLEFIELD STREET AVON, MA 2322 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$21,364.77

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3.169.	Nonpriority creditor's name and mailing address RICHELIEU FOODS, INC. 3516 SOLUTIONS CENTER CHICAGO, IL 60677-3005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$21,913.04
3.170.	Nonpriority creditor's name and mailing address ROBERT A. BROWN, INC. 3112 EAGLE PASS LANE EDMOND, OK 73013 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,290.00
3.171.	Nonpriority creditor's name and mailing address ROBERT REISER & CO., INC. 725 DEDHAM STREET CANTON, MA 02021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,263.03

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3.172.	Nonpriority creditor's name and mailing address ROCHE BROS. SUPERMARKETS 70 HASTINGS ST WELLESLEY HILLS, MA 02481 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,057.10
3.173.	Nonpriority creditor's name and mailing address ROGERS, TASHON Address Intentionally Omitted Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ALLEGED WORKERS COMPENSATION 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 ROMA DINING LP ROMACORP INC ATTN MARC BUEHLER 9304 FOREST LN STE 200 DALLAS, TX 75243 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: FIRST QUARTER 2017 LICENSE FEE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$461,620.45

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3.175. Nonpriority creditor's name and mailing address ROSE PALLET 7647 W 100TH PLACE SUITE D BRIDGEVIEW, IL 60455 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,252.55
3.176. Nonpriority creditor's name and mailing address RSM US LLP 5155 PAYSPHERE CIRCLE CHICAGO, IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$66,092.57
3.177. Nonpriority creditor's name and mailing address RUPARI BRIDGE COMPANY C/O WIND POINT PARTNERS ATTN MARK BURGETT 676 N MICHIGAN AVE. CHICAGO, IL 60661 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NOTES - NO UCC-1 WAS FILED WITH RESPECT TO RUPARI FOOD SERVICES, INC. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$34,964,000.00

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3.178.	Nonpriority creditor's name and mailing address SAS RETAIL MERCHANDISING PO BOX 3812 CAROL STREAM, IL 60132-3812 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,173.80
3.179.	Nonpriority creditor's name and mailing address SCHONEMAN INC 4540 PARK AVENUE ASHTABULA, OH 44004 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,649.69
3.180.	Nonpriority creditor's name and mailing address SELECT COMMUNICATIONS PO BOX 842704 DALLAS, TX 752842-704 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,203.59

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3.181.	Nonpriority creditor's name and mailing address SEMINOLE GAMING ADMIN. ATTN:PATTY CRUCET CFO'S OFFICE 1 SEMINOLE WAY HOLLYWOOD, FL 33314 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2.45
3.182.	Nonpriority creditor's name and mailing address SGS NORTH AMERICA 24453 NETWORK PLACE CHICAGO, IL 60673-1244 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$240.00
3.183.	Nonpriority creditor's name and mailing address SHELF TAG SUPPLY 611 THRID AVE SW CARMEL, IN 46032 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$386.05

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3.184.	Nonpriority creditor's name and mailing address SILLIKER, INC 3155 PAYSHERE CIRCLE CHICAGO, IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$809.00
3.185.	Nonpriority creditor's name and mailing address SOLUT! 7787 GRAPHICS WAY LEWIS CENTER, OH 43035 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,694.70
3.186.	Nonpriority creditor's name and mailing address SOUTH PARK HARDWARE 16074 SOUTH PARK AVE SOUTH HOLLAND, IL 60473-1561 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$237.09

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3.187. Nonpriority creditor's name and mailing address STAPLES ADVANTAGE PO BOX 415256 BOSTON, MA 22415 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$483.44
3.188. Nonpriority creditor's name and mailing address STILLWATER PROVISIONS 1812 SOUTH CHRUCH ST SUITE B SMITHFIELD, VA 23430 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$160.00
3.189. Nonpriority creditor's name and mailing address STORE MASTER FUNDING V, LLC 8501 E. PRINCESS DRIVE SUITE 190 SCOTTSDALE, AZ 85255 Date or dates debt was incurred 12/31/2013 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: REAL PROPERTY LEASE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,991,239.93

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.190.	Nonpriority creditor's name and mailing address SUMMIT COLD STORAGE 5450 S. CENTER AVE SUMMIT, IL 60501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$16,529.00
3.191.	Nonpriority creditor's name and mailing address SUNSHINE LOGISTICS, INC. P.O. BOX 1673 MELROSE PARK, IL 60161-1673 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$31,305.01
3.192.	Nonpriority creditor's name and mailing address SURE GREEN LANDSCAPE SUPPLIES PO BOX 626 SOUTH ELGIN, IL 60177 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$770.68

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3.193.	Nonpriority creditor's name and mailing address SYSCO ST LOUIS LLC 3850 MUELLER RD ST. CHARLES, MO 63301-8042 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$72.64
3.194.	Nonpriority creditor's name and mailing address TATUM PO BOX 847872 DALLAS, TX 75284-7872 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,315.00
3.195.	Nonpriority creditor's name and mailing address TEMPTRIP LLC 10900 DOVER ST BROOMFIELD, CO 80021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$90.80

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3.196.	Nonpriority creditor's name and mailing address THE DUPUIS GROUP LLC 394 E. MAIN ST SUITE C VENTURA, CA 93001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$63,293.00
3.197.	Nonpriority creditor's name and mailing address THE FRED W. ALBRECHT GROCERY CO. PO BOX 1910 AKRON, OH 44309 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$830.40
3.198.	Nonpriority creditor's name and mailing address TIERRA ENVIRONMENTAL SERVICES 3821 INDIANAPOLIS BLVD EAST CHICAGO, IN 46312 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,985.00

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3.199.	Nonpriority creditor's name and mailing address TONE PRODUCTS INC. 2129 NORTH 15 AVE MELROSE PARK, IL 60160 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$92,234.00
3.200.	Nonpriority creditor's name and mailing address TOTAL QUALITY LOGISTICS, INC. P.O. BOX 634558 CINCINNATI, OH 45263-4558 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,029.00
3.201.	Nonpriority creditor's name and mailing address TUFCO FLOORING LLC SUITE 100 HEBRON, KY 41048 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,317.57

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3.202.	Nonpriority creditor's name and mailing address TYCO INTEGRATED SECURITY PO BOX 371967 PITTSBURGH, PA 15250-7967 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,267.31
3.203.	Nonpriority creditor's name and mailing address TYSON FRESH MEATS, INC. 88031 EXPEDITE WAY CHICAGO, IL 60695-0001 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$0.00
3.204.	Nonpriority creditor's name and mailing address ULINE SHIPPING SUPPLIES PO BOX 88741 CHICAGO, IL 60680-1741 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$697.13

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3.205.	Nonpriority creditor's name and mailing address ULTRASOURCE LLC 1414 W 29TH STREET KANSAS CITY, MO 64108-3604 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$276.59
3.206.	Nonpriority creditor's name and mailing address UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1546 HEALTH & WELFARE FUND ROBERT B GREENBERG, ASHER, GITTLER & D'ALBA, LTD. ROBERT B. GREENBERG 200 WEST JACKSON BOULEVARD, SUITE 1900 CHICAGO, IL 60606 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION - US DISTRICT COURT, ND ILLINOIS, EASTERN DIVISION, CASE # 11-CV-00203-GSK Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.207.	Nonpriority creditor's name and mailing address UNITED RENTALS, INC. PO BOX 100711 ATLANTA, GA 30384-0711 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,389.84

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3.208.	Nonpriority creditor's name and mailing address UNITED STATES / US CUSTOMS & BORDER PROTECTION US DEPARTMENT OF JUSTICE 1100 L ST NW ROOM 11066 MIKKI COTTET ESQ WASHINGTON, DC 20005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PENDING LITIGATION - US COURT OF INTERNATIONAL TRADE (NY), CASE # 16-CV-03670 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.209.	Nonpriority creditor's name and mailing address USDA FSIS PO BOX 979001 ST LOUIS, MO 63197-9000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,561.08
3.210.	Nonpriority creditor's name and mailing address VERITIV OPERATING COMPANY 3568 SOLUTIONS CENTER CHICAGO, IL 606773005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,792.78

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3.211.	Nonpriority creditor's name and mailing address VERIZON WIRELESS PO BOX 660108 DALLAS, TX 75266-0108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,400.67
3.212.	Nonpriority creditor's name and mailing address VERSACOLD GREAT PLAINS P.O. BOX 94368 RICHMOND, BC V6X 8A8 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$282.83
3.213.	Nonpriority creditor's name and mailing address VILLAGE OF SOUTH HOLLAND 16226 WAUSAU AVENUE SOUTH HOLLAND, IL 60473 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE 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 VILLALVAZO, MARINA Address Intentionally Omitted Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ALLEGED WORKERS COMPENSATION 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 VOLUMETRIC TECHNOLOGIES 401 CANNON INDUSTRIAL BLVS #1 CANNON FALLS, MN 55009 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,221.91
3.216.	Nonpriority creditor's name and mailing address VOSS EQUIPMENT, INC P.O. BOX 757 BEDFORD PARK, IL 60499-0757 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,416.96

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3.217. Nonpriority creditor's name and mailing address WALTON ISAACSON, LLC 3630 EASTHAM DR. CULVER CITY, CA 90232 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,000.00
3.218. Nonpriority creditor's name and mailing address WALT'S SOUTH HOLLAND 16145 S STATE ST. SOUTH HOLLAND, IL 60473 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$172.13
3.219. Nonpriority creditor's name and mailing address WESCO RECEIVABLE CORP PO BOX 802578 CHICAGO, IL 60680-2578 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,613.90

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3.220. Nonpriority creditor's name and mailing address WETOSKA PACKAGING DIST. P.O. BOX 4543 CAROL STREAM, IL 60197 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$27,397.28
3.221. Nonpriority creditor's name and mailing address WIND POINT ADVISORS, LLC 676 N MICHIGAN AVE SUITE 3700 CHICAGO, IL 60611 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,284.91
3.222. Nonpriority creditor's name and mailing address WOW! BUSINESS PO BOX 4350 CAROL STREAM, IL 60197-4350 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,059.42

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

3.223.	Nonpriority creditor's name and mailing address WS PACKAGING GROUP, INC. - ALGO DRAWER 706 MILWAUKEE, WI 53278-0706 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,126.10
3.224.	Nonpriority creditor's name and mailing address XEROX CORPORATION PO BOX 802555 CHICAGO, IL 60680-2555 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,869.18
3.225.	Nonpriority creditor's name and mailing address XPO LOGISTICS - BROKERAGE 27724 NETWORK PLACE CHICAGO, IL 60673-1277 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,379.00

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
DORSEY & WHITNEY (DELAWARE) LLP R W MALLARD;A GLORIOSO 300 DELAWARE AVE STE 1010 WILMINGTON DE 19801	Part 2 line 3.174	_____
DORSEY & WHITNEY LLP B R EWING; J M WEISS; E L SCHNABEL 51 WEST 52ND ST NEW YORK NY 10019	Part 2 line 3.174	_____
EQUILIBRIUM IT 5559 NORTH ELSTON AVE CHICAGO, IL 60630	Part 2 line 3.70	_____
KIRKLAND & ELLIS LLP JAMES A. STEMPEL 300 NORTH LASALLE CHICAGO, IL 60654	Part 2 line 3.177	_____
PORZIO BROMBERG & NEWMAN PC MICHAEL L. RICH, J.G. DOLAN & P.J. GALLAGHER 100 SOUTHGATE PARKWAY MORRISTOWN, NJ 07962-1997	Part 2 line 3.55	_____
PORZIO BROMBERG & NEWMAN PC JOHN S MAIRO 100 SOUTHGATE PARKWAY MORRISTOWN, NJ 07962-1997	Part 2 line 3.55	_____
ROMA CORP 1700 ALMA DR SUITE 500 PLANO TX 75075-6964	Part 2 line 3.174	_____
ROMA DINING LLC C/O NANCY BAILEY & ASSOCIATES ATTN: NELL RONEY 1403 MACY DRIVE ROSEWELL GA 30076	Part 2 line 3.174	_____
ROMACORP, INC. ATTN: VICE PRESIDENT, LEGAL 9304 FOREST LANE SUITE 200 DALLAS TX 75243	Part 2 line 3.174	_____
SEMINOLE GAMING JOHN ELDER SR VP FINANCE 6911 PARKE E BLVD SUITE 200 TAMPA, FL 33610	Part 2 line 3.181	_____
UFCW LOCAL 1546 HEALTH AND WELFARE AND 1649 WEST ADAMS ST CHICAGO, IL 60612	Part 2 line 3.206	_____
UFCW UNION PENSION FUND PO BOX 5002 BOSTON, MA 22065-5002	Part 2 line 3.206	_____

Debtor **Rupari Food Services, Inc.**

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US DEPARTMENT OF JUSTICE
VINCENT DEPAUL PHILLIPS JR ESQ
PO BOX 480
BEN FRANKLIN STATION
WASHINGTON, DC 20044

Part 2 line 3.208

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794****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.		\$468,458.96
5b. Total claims from Part 2	5b.	+	\$55,694,529.75
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$56,162,988.71

Fill in this information to identify the case:**Debtor name:** Rupari Food Services, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 17-10794☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

2.	List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1.	<p>Title of contract APPOINTMENT LETTER ANNOUNCING AGREEMENT</p> <p>State what the contract or lease is for BROKER AGREEMENT</p> <p>Nature of debtor's interest CONTRACT PARTY</p> <p>State the term remaining NOT SPECIFIED</p> <p>List the contract number of any government contract _____</p>	<p>ACOSTA SALES AND MARKETING MR. TYLER GILL VP BUSINESS DEVELOPMENT 6600 CORPORATE CENTER PKWY. JACKSONVILLE, FL 33216</p>
2.2.	<p>Title of contract MAJOR ACCOUNTING AGREEMENT</p> <p>State what the contract or lease is for PAYROLL PROCESSING AGREEMENT</p> <p>Nature of debtor's interest CONTRACT PARTY</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>ADP INC PO BOX0500 CAROL STREAM, IL 60132-0500</p>
2.3.	<p>Title of contract LETTER OF SUPPLY AGREEMENT</p> <p>State what the contract or lease is for CUSTOMER AGREEMENT</p> <p>Nature of debtor's interest CONTRACT PARTY</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>ADVANTA DIV OF NICHOLL FOOD PACKAGING WALKMILL LANE CANNOCK STAFFORDSHIRE, WS11 0XA UNITED KINGDOM</p>

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.4. **Title of contract** PURCHASING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY ADVANTAGE PACKAGING
12301 NEW AVE
STE A
LEMONT, IL 60439
- State the term remaining** 10/1/2018
- List the contract number of any government contract** _____
- 2.5. **Title of contract** SALES & MARKETING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MERCHANDISING STRATEGY AND SUPPORT AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY AHOLD USA
1385 HANCOCK ST
QUINCY, MA 02169
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.6. **Title of contract** CONFIDENTIAL SEPARATION AGREEMENT & RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY ALESSIA, STEVE
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.7. **Title of contract** EXCESS LIABILITY UMBRELLA **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMERCIAL BROKER
- Nature of debtor's interest** INSURED AMERICAN INTERNATIONAL
GROUP INC
70 PINE ST
180 MAIDEN LANE
NEW YORK, NY 10038
- State the term remaining** 9/1/2017
- List the contract number of any government contract** _____
- 2.8. **Title of contract** CREDIT AGREEMENT, AS AMENDED **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ASSET BASED FINANCING
- Nature of debtor's interest** BORROWER ANTARES CAPITAL LP, AS AGENT
500 W MONROE ST
CHICAGO, IL 60661
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.9. **Title of contract** OPERATOR PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY BAGS SPORTS PUB
136 EAST MAIN ST
SUGARCREEK, OH 44681
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.10. **Title of contract** CONFIDENTIAL SEPARATION AGREEMENT & RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY BAKER, ANDREA
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.11. **Title of contract** OPERATOR PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY BANDIT'S GRILL & BAR
RON PARKER
589 NORTH MOOR PARK RD
THOUSAND OAKS, CA 91360
- State the term remaining** 12/31/2017
- List the contract number of any government contract** _____
- 2.12. **Title of contract** COMMERCIAL MASTER LEASE AGREEMENT # 59734 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MASTER LEASE AGREEMENT
- Nature of debtor's interest** LESSEE BANK OF THE WEST TRINITY
DIVISION
475 SANSOME ST FL 19
SAN FRANCISCO, CA 94111
- State the term remaining** AS SPECIFIED IN LEASE SUPPLEMENTS
- List the contract number of any government contract** _____
- 2.13. **Title of contract** EQUIPMENT SCHEDULE NO.: 0059734-001 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** 3 - LIFT TRUCKS - YALE GLPOSOLX; YALE MPW065; & YALE NR040EA
- Nature of debtor's interest** LESSEE BANK OF THE WEST TRINITY
DIVISION
475 SANSOME ST FL 19
SAN FRANCISCO, CA 94111
- State the term remaining** 10/31/2017
- List the contract number of any government contract** _____

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- 2.14. **Title of contract** EQUIPMENT SCHEDULE NO.: 0059734-003 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** 1 - YALE NR040EA TALLER MAST; & 1 - YALE NR040EA; & 5 - YALE MPE060VG
- Nature of debtor's interest** LESSEE **BANK OF THE WEST TRINITY DIVISION**
- State the term remaining** 10/31/2017 **475 SANSOME ST FL 19**
- List the contract number of any government contract** _____ **SAN FRANCISCO, CA 94111**
- 2.15. **Title of contract** EQUIPMENT SCHEDULE NO.: 0059734-004 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** 3 - YALE MPE060VG LIFT TRUCKS
- Nature of debtor's interest** LESSEE **BANK OF THE WEST TRINITY DIVISION**
- State the term remaining** 11/30/2018 **475 SANSOME ST FL 19**
- List the contract number of any government contract** _____ **SAN FRANCISCO, CA 94111**
- 2.16. **Title of contract** CONFIDENTIAL SEPARATION AGREEMENT & RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY **BECKER, DUANE**
- State the term remaining** _____ **Address Intentionally Omitted**
- List the contract number of any government contract** _____
- 2.17. **Title of contract** EQUIPMENT FINANCING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT
- Nature of debtor's interest** CONTRACT PARTY **BENEFICIAL EQUIPMENT FINANCE CO**
- State the term remaining** _____ **ACH PROCESSING**
- List the contract number of any government contract** _____ **1033 S HANOVER ST**
- POTTSTOWN, PA 19465**
- 2.18. **Title of contract** MEDICAL INSURANCE - BLUEEDGE SELECT HSA MBSC1807 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE BENEFITS PROVIDER
- Nature of debtor's interest** INSURANCE PROVIDER **BLUE CROSS/BLUE SHIELD OF ILLINOIS**
- State the term remaining** _____ **C/O HEALTH CARE SERVICE CORPORATION**
- List the contract number of any government contract** _____ **25550 NETWORK PLACE**
- CHICAGO, IL 60673-1255**

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- | | | |
|-------|---|---|
| 2.19. | Title of contract MEDICAL INSURANCE - BLUE ADVANTAGE MHHB166
State what the contract or lease is for EMPLOYEE BENEFITS PROVIDER
Nature of debtor's interest INSURANCE PROVIDER
State the term remaining _____
List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

BLUE CROSS/BLUE SHIELD OF ILLINOIS
C/O HEALTH CARE SERVICE CORPORATION
25550 NETWORK PLACE
CHICAGO, IL 60673-1255 |
| 2.20. | Title of contract MEDICAL INSURANCE - BLUEEDGE HSA MPET1V07
State what the contract or lease is for EMPLOYEE BENEFITS PROVIDER
Nature of debtor's interest INSURANCE PROVIDER
State the term remaining _____
List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

BLUE CROSS/BLUE SHIELD OF ILLINOIS
C/O HEALTH CARE SERVICE CORPORATION
25550 NETWORK PLACE
CHICAGO, IL 60673-1255 |
| 2.21. | Title of contract MEDICAL INSURANCE - BLUEPRINT PPO MPPC3836
State what the contract or lease is for EMPLOYEE BENEFITS PROVIDER
Nature of debtor's interest INSURANCE PROVIDER
State the term remaining _____
List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

BLUE CROSS/BLUE SHIELD OF ILLINOIS
C/O HEALTH CARE SERVICE CORPORATION
25550 NETWORK PLACE
CHICAGO, IL 60673-1255 |
| 2.22. | Title of contract MEDICAL INSURANCE - BLUECHOICE PPO NBP93C36
State what the contract or lease is for EMPLOYEE BENEFITS PROVIDER
Nature of debtor's interest INSURANCE PROVIDER
State the term remaining _____
List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

BLUE CROSS/BLUE SHIELD OF ILLINOIS
C/O HEALTH CARE SERVICE CORPORATION
25550 NETWORK PLACE
CHICAGO, IL 60673-1255 |
| 2.23. | Title of contract MEDICAL INSURANCE - BLUEPRINT PPO NPP93836
State what the contract or lease is for EMPLOYEE BENEFITS PROVIDER
Nature of debtor's interest INSURANCE PROVIDER
State the term remaining _____
List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

BLUE CROSS/BLUE SHIELD OF ILLINOIS
C/O HEALTH CARE SERVICE CORPORATION
25550 NETWORK PLACE
CHICAGO, IL 60673-1255 |

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.24. **Title of contract** BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY BUCKEYE FOOD SERVICE SALES INC
DBA LAKELAND MARKETING KY
KEN CASWELL
207 EAST MAIN STREET 2
ALLEN, TX 75002
- State the term remaining** NOT SPECIFIED
- List the contract number of any government contract** _____
- 2.25. **Title of contract** FIRST ADDENDUM TO BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY BUCKEYE FOOD SERVICE SALES INC
DBA LAKELAND MARKETING OH
KEN CASWELL
207 EAST MAIN STREET 2
ALLEN, TX 75002
- State the term remaining** NOT SPECIFIED
- List the contract number of any government contract** _____
- 2.26. **Title of contract** SALES CONFIRMATION ORDER **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY CANADIAN AMERICAN BOXED MEAT CORPORATION
CANAMMEATS
6905 KENDERRY GATE UNIT 2
MISSISSAUGA, ON L5T2Y8
CANADA
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.27. **Title of contract** MASTER LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT LEASE
- Nature of debtor's interest** LESSEE CAPX IV LP
CAPX MANAGEMENT CORP.
JEFFRY S PFEFFER
155 NORTH WACKER DRIVE
STE 1760
CHICAGO, IL 60606
- State the term remaining** AS SPECIFIED IN LEASE SUPPLEMENTS
- List the contract number of any government contract** _____
- 2.28. **Title of contract** FORM OF LEASE SUPPLEMENT NO. 01 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CAPX SCH. #1 (ALKAR OVEN)
- Nature of debtor's interest** LESSEE CAPX IV LP
CAPX MANAGEMENT CORP.
JEFFRY S PFEFFER
155 NORTH WACKER DRIVE
STE 1760
CHICAGO, IL 60606
- State the term remaining** 1/31/2018
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.29.	Title of contract	FORM OF LEASE SUPPLEMENT NO. 02	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	CAPX SCH. #2 (HEAT TUNNEL - SHANKLIN T-7H, SHANKLIN TR 2, URSCHER MODEL M-L REBUILT DICER)	
	Nature of debtor's interest	LESSEE	CAPX IV LP CAPX MANAGEMENT CORP. JEFFRY S PFEFFER 155 NORTH WACKER DRIVE STE 1760 CHICAGO, IL 60606
	State the term remaining	4/30/2018	
	List the contract number of any government contract	_____	
2.30.	Title of contract	FORM OF LEASE SUPPLEMENT NO. 03	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	CAPX SCH. #3 (CHECK WEIGHERS, REJECT CONVEYERS, DATA PRINTERS)	
	Nature of debtor's interest	LESSEE	CAPX IV LP CAPX MANAGEMENT CORP. JEFFRY S PFEFFER 155 NORTH WACKER DRIVE STE 1760 CHICAGO, IL 60606
	State the term remaining	6/14/2018	
	List the contract number of any government contract	_____	
2.31.	Title of contract	FORM OF LEASE SUPPLEMENT NO. 04	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	CAPX SCH. #4 (CP PACKAGING VISION PACK CHASSIS: 125 MM MAX)	
	Nature of debtor's interest	LESSEE	CAPX IV LP CAPX MANAGEMENT CORP. JEFFRY S PFEFFER 155 NORTH WACKER DRIVE STE 1760 CHICAGO, IL 60606
	State the term remaining	10/14/2018	
	List the contract number of any government contract	_____	
2.32.	Title of contract	FORM OF LEASE SUPPLEMENT NO. 05	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	CAPX SCH. #5 (SAUCE DISPENSER FOR ROLLSTOCK MACHINE)	
	Nature of debtor's interest	LESSEE	CAPX IV LP CAPX MANAGEMENT CORP. JEFFRY S PFEFFER 155 NORTH WACKER DRIVE STE 1760 CHICAGO, IL 60606
	State the term remaining	12/14/2018	
	List the contract number of any government contract	_____	
2.33.	Title of contract	FORM OF LEASE SUPPLEMENT NO. 06	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	CAPX SCH. #6 (THREE VISION PAK CHASSIS: 125 MM MAX)	
	Nature of debtor's interest	LESSEE	CAPX IV LP CAPX MANAGEMENT CORP. JEFFRY S PFEFFER 155 NORTH WACKER DRIVE STE 1760 CHICAGO, IL 60606
	State the term remaining	4/14/2018	
	List the contract number of any government contract	_____	

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- | | | | |
|-------|---|--|---|
| 2.34. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FORM OF LEASE SUPPLEMENT NO. 07
CAPX SCH. #7 (15 AND 17 INCH RIB CONTAINER TOOL)
LESSEE
1/31/2018
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CAPX IV LP
CAPX MANAGEMENT CORP.
JEFFRY S PFEFFER
155 NORTH WACKER DRIVE
STE 1760
CHICAGO, IL 60606 |
| 2.35. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FORM OF LEASE SUPPLEMENT NO. 08
CAPX SCH. #8 (SAFELINE POWERCHECK PLUS 300 CAB. X-RAY)
LESSEE
10/31/2019
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CAPX IV LP
CAPX MANAGEMENT CORP.
JEFFRY S PFEFFER
155 NORTH WACKER DRIVE
STE 1760
CHICAGO, IL 60606 |
| 2.36. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FORM OF LEASE SUPPLEMENT NO. 09
CAPX SCH. #9 (TOOLING, SINGLE HEAD PISTON FILLERS)
LESSEE
6/14/2019
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CAPX IV LP
CAPX MANAGEMENT CORP.
JEFFRY S PFEFFER
155 NORTH WACKER DRIVE
STE 1760
CHICAGO, IL 60606 |
| 2.37. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FORM OF LEASE SUPPLEMENT NO. 10
CAPX SCH. #10 (FROM VAC BOX, SEAL HOOD, HEATERS)
LESSEE
2/28/2018
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CAPX IV LP
CAPX MANAGEMENT CORP.
JEFFRY S PFEFFER
155 NORTH WACKER DRIVE
STE 1760
CHICAGO, IL 60606 |
| 2.38. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FORM OF LEASE SUPPLEMENT NO. 11
CAPX SCH. #11 (METTLER POWER CHOK 500)
LESSEE
11/30/2019
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CAPX IV LP
CAPX MANAGEMENT CORP.
JEFFRY S PFEFFER
155 NORTH WACKER DRIVE
STE 1760
CHICAGO, IL 60606 |

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.39. **Title of contract** SPREADSHEET DETAILING OPERATOR PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** _____
- List the contract number of any government contract** _____
- CHEESEBURGER IN PARADISE
C/O LUBY'S FUDDRUCKERS
RESTAURANTS, LLC
13111 NORTHWEST FREEWAY
SUITE 600
HOUSTON, TX 77040
- 2.40. **Title of contract** REBATE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 12/31/2017
- List the contract number of any government contract** _____
- CHENEY BROTHERS
GARY WAGNER
ONE CHENEY WAY
RIVIERA BEACH, FL 33404
- 2.41. **Title of contract** STANDARD RENTAL SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** UNIFORMS & RELATED WORK APPAREL
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** 3/15/2021
- List the contract number of any government contract** _____
- CINTAS CORP
PO BOX 631025
CINCINNATI, OH 45263-1025
- 2.42. **Title of contract** SEPARATION AGREEMENT & GENERAL RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** _____
- List the contract number of any government contract** _____
- COLEMAN, VIDALIA
Address Intentionally Omitted
- 2.43. **Title of contract** BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** INDEFINITE UNTIL TERMINATED IN WRITING
- List the contract number of any government contract** _____
- COLUMBIA PACIFIC BROKERAGE
INC
KENNETH N LANCE JR
11165 SE 23RD AVENUE
MILWAUKIE, OR 97222

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.44. **Title of contract** MANAGES COBRA PROGRAM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE BENEFITS PROVIDER
- Nature of debtor's interest** INSURANCE PROVIDER CONEXIS
PO BOX 8363
PASADENA, CA 91109-8363
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.45. **Title of contract** SEPARATION AGREEMENT & GENERAL RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY CORONEL, IMELDA
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.46. **Title of contract** SEPARATION AGREEMENT & GENERAL RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY CRUSE, MICHELLE
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.47. **Title of contract** OPERATING PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY DISNEYLAND RESORT
JASON HORN
1313 SO HARBOR BLVD
ANAHEIM, CA 92803
- State the term remaining** 12/31/2017
- List the contract number of any government contract** _____
- 2.48. **Title of contract** ELITE STAFFING INC STAFFING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** STAFFING AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY ELITE LABOR SERVICES LTD DBA
ELITE STAFFING INC
ELITE STAFFING, INC.
ATTN: KEVIN JOHNSON
1400 WEST HUBBARD ST.
CHICAGO, IL 60622
- State the term remaining** 12/31/2017 WITH SUCCESSIVE 1 - YEAR RENEWAL PERIODS UNTIL 60-DAYS NOTICE TO TERMINATE
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.49. **Title of contract** BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY EPICUREAN SALES AND MARKETING
DBA LAKELAND MICHIGAN
MARK SEELEY
17624 MACK AVENUE
GROSSE POINTE, MI 48230
- State the term remaining** 30 - DAY WRITTEN NOTICE BY EITHER PARTY
- List the contract number of any government contract** _____
- 2.50. **Title of contract** BROKERAGE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY FREEDOM FOOD BROKERS LLC
DIVISION PRESIDENT
PO BOX 776111
CHICAGO, IL 60677-7611
- State the term remaining** 30 - DAY WRITTEN NOTICE BY EITHER PARTY
- List the contract number of any government contract** _____
- 2.51. **Title of contract** WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WORKERS COMPENSATION
- Nature of debtor's interest** INSURED GREAT AMERICAN INSURANCE GROUP
301 EAST FOURTH ST
CINCINNATI, OH 45202-4201
- State the term remaining** 2/28/2017
- List the contract number of any government contract** _____
- 2.52. **Title of contract** OPERATOR PRICE AGREEMENT-EXTENSION **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY HARDROCK INTERNATIONAL USA
INC
BARBARA KAIWI
6100 OLD PARL LANE
ORLANDO, FL 32835
- State the term remaining** 5/31/2017
- List the contract number of any government contract** _____
- 2.53. **Title of contract** OPERATOR PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY HARDROCK INTERNATIONAL USA
INC
BARBARA KAIWI
6100 OLD PARL LANE
ORLANDO, FL 32835
- State the term remaining** 12/31/2017
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.54. **Title of contract** BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY HOCKENBERG FOOD SERVICE INC
1400 NW 100TH STREET
CLIVE, IA 50325
- State the term remaining** 30 - DAY WRITTEN NOTICE BY EITHER PARTY
- List the contract number of any government contract** _____
- 2.55. **Title of contract** FIRST ADDENDUM TO BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY HORIZON FOOD BROKERS
PRESIDENT
1021 CROWN PARK CIRCLE
WINTER GARDEN, FL 34787
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.56. **Title of contract** BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY HORIZON FOOD BROKERS
PRESIDENT
1021 CROWN PARK CIRCLE
WINTER GARDEN, FL 34787
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.57. **Title of contract** BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY HUDSON VALLEY FOOD BROKERS
INC
DOMINICK SPOSITO
426 NEW KARNER ROAD
ALBANY, NY 12205
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.58. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT - VP, SUPPLY CHAIN
- Nature of debtor's interest** EMPLOYER JACKSON, MATTHEW
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.59. **Title of contract** CONFIDENTIALITY, INVENTIONS AND NON-SOLICITATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY JACKSON, MATTHEW
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.60. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT - CHIEF SALES OFFICER
- Nature of debtor's interest** EMPLOYER KACZYNSKI, MICHAEL
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.61. **Title of contract** CONFIDENTIALITY, INVENTIONS AND NON-SOLICITATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY KACZYNSKI, MICHAEL
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.62. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT - VP, RETAIL SALES
- Nature of debtor's interest** EMPLOYER KAPLAN, DAVID
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.63. **Title of contract** CONFIDENTIALITY, INVENTIONS AND NON-SOLICITATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY KAPLAN, DAVID
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.64. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT - CHIEF EXECUTIVE OFFICER
- Nature of debtor's interest** EMPLOYER KELLY, JOHN P
Address Intentionally Omitted
- State the term remaining** 7/28/2018; AUTOMATICALLY RENEWED FOR 2 - YEAR CONSECUTIVE TERMS
- List the contract number of any government contract** _____
- 2.65. **Title of contract** CONFIDENTIALITY, INVENTIONS AND NON-SOLICITATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY KELLY, JOHN P
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.66. **Title of contract** OPERATING PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY KOMATSU
ERIK BORGER
3951 BROADWAY BLVD
KANSAS CITY, MO 64111
- State the term remaining** 12/31/2017
- List the contract number of any government contract** _____
- 2.67. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT - VP, MARKETING
- Nature of debtor's interest** EMPLOYER KROEPFL, KRISTIN
Address Intentionally Omitted
- State the term remaining** 9/22/2017 WITH AUTOMATIC 2 - YEAR RENEWAL PERIODS
- List the contract number of any government contract** _____
- 2.68. **Title of contract** CONFIDENTIALITY, INVENTIONS AND NON-SOLICITATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY KROEPFL, KRISTIN
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.69. **Title of contract** MASTER LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MASTER LEASE AGREEMENT
- Nature of debtor's interest** LESSEE LASALLE SYSTEMS LEASING INC
LASALLE SOLUTIONS
9550 W HIGGINS ROAD
STE 600
ROSEMONT, IL 60018
- State the term remaining** AS SPECIFIED IN LEASE SUPPLEMENTS
- List the contract number of any government contract** _____
-
- 2.70. **Title of contract** MASTER LEASE - SCHEDULE 765-007 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** 765-007 (SHANKLIN L-SEALER & GRASSELLI SLICER)
- Nature of debtor's interest** LESSEE LASALLE SYSTEMS LEASING INC
LASALLE SOLUTIONS
9550 W HIGGINS ROAD
STE 600
ROSEMONT, IL 60018
- State the term remaining** 1/31/2017
- List the contract number of any government contract** _____
-
- 2.71. **Title of contract** MASTER LEASE - SCHEDULE 765-008 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** 765-008 (2 NDR035EA)
- Nature of debtor's interest** LESSEE LASALLE SYSTEMS LEASING INC
LASALLE SOLUTIONS
9550 W HIGGINS ROAD
STE 600
ROSEMONT, IL 60018
- State the term remaining** 1/31/2017
- List the contract number of any government contract** _____
-
- 2.72. **Title of contract** MASTER LEASE - SCHEDULE 765-009 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** 765-009 (MEPSCO INJECTOR)
- Nature of debtor's interest** LESSEE LASALLE SYSTEMS LEASING INC
LASALLE SOLUTIONS
9550 W HIGGINS ROAD
STE 600
ROSEMONT, IL 60018
- State the term remaining** 1/31/2017
- List the contract number of any government contract** _____
-
- 2.73. **Title of contract** EXCESS LIABILITY UMBRELLA **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMERCIAL BROKER
- Nature of debtor's interest** INSURED LIBERTY MUTUAL INSURANCE CO
PO BOX 7247-0109
PHILADELPHIA,, PA 19170-0109
- State the term remaining** 9/1/2017
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.74. **Title of contract** OPERATOR PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY **LITTLE CAESAR'S**
- State the term remaining** 10/1/2017 **CHRISTINE MASSA**
- List the contract number of any government contract** _____ **2211 WOODWARD AVE**
- DETROIT, MI 48201**
- 2.75. **Title of contract** OPERATOR PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY **LONE STAR STEAK HOUSE**
- State the term remaining** 12/31/2017 **TEXAS LAND & CATTLE**
- List the contract number of any government contract** _____ **5055 WEST PARK BLVD**
- SUITE 500**
- DALLAS, TX 75093**
- 2.76. **Title of contract** CONFIDENTIAL SEPARATION AGREEMENT & RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY **MARSZOWSKI, THOMAS**
- State the term remaining** _____ **Address Intentionally Omitted**
- List the contract number of any government contract** _____
- 2.77. **Title of contract** CONFIDENTIAL SEPARATION AGREEMENT & RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY **MCLAIN, VALENDIA**
- State the term remaining** _____ **Address Intentionally Omitted**
- List the contract number of any government contract** _____
- 2.78. **Title of contract** ILLINOIS RETAIL NATURAL GAS SUPPLIER AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GAS UTILITY SERVICES
- Nature of debtor's interest** CONTRACT PARTY **MID-AMERICAN ENERGY SERVICES**
- State the term remaining** 1/2018 **LLC**
- List the contract number of any government contract** _____ **ATTN GAS CONTRACT**
- ADMINISTRATION**
- 299 NW URBANDALE DRIVE**
- URBANDALE, IA 50322**

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.79. **Title of contract** RETAIL SUPPLIER ELECTRIC AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ELECTRIC UTILITY SERVICES
- Nature of debtor's interest** CONTRACT PARTY MID-AMERICAN ENERGY SERVICES LLC
- State the term remaining** 1/2018 ATTN ELECTRIC CONTRACT ADMINISTRATION
- List the contract number of any government contract** _____ 299 NW URBANDALE DRIVE URBANDALE, IA 50322
- 2.80. **Title of contract** CONFIDENTIAL SEPARATION AGREEMENT & RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY MLECZKO, SHARON
- State the term remaining** _____ Address Intentionally Omitted
- List the contract number of any government contract** _____
- 2.81. **Title of contract** AUTO POLICY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMERCIAL INSURANCE
- Nature of debtor's interest** INSURED MSIG
- State the term remaining** 9/1/2017 MITSUI SUMITOMMO INSURANCE USA INC
- List the contract number of any government contract** _____ 15149 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693
- 2.82. **Title of contract** COMMERCIAL UMBRELLA POLICY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMERCIAL INSURANCE
- Nature of debtor's interest** INSURED MSIG
- State the term remaining** 9/1/2017 MITSUI SUMITOMMO INSURANCE USA INC
- List the contract number of any government contract** _____ 15149 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693
- 2.83. **Title of contract** COMMERCIAL PROPERTY, INLAND MARINE & GENERAL LIABILITY INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMERCIAL INSURANCE
- Nature of debtor's interest** INSURED MSIG
- State the term remaining** 9/1/2017 MITSUI SUMITOMMO INSURANCE USA INC
- List the contract number of any government contract** _____ 15149 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.84. **Title of contract** BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY NEW BOSTON MARKETING GROUP
ALAN BELMORE
1001 HINGHAM STREET
ROCKLAND, MA 02370
- State the term remaining** 30 - DAY WRITTEN NOTICE BY EITHER PARTY
- List the contract number of any government contract** _____
- 2.85. **Title of contract** ADMINISTERS 401K PROGRAM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE BENEFITS PROVIDER
- Nature of debtor's interest** INSURANCE PROVIDER NOVA 401K ASSOCIATES
10777 NORTHWEST FREEWAY
HOUSTON, TX 77092
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.86. **Title of contract** OPERATOR PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY PJ WHELIHAN'S
J FRIS
520 HADDON AVE
WESTMONT, NJ 08033
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.87. **Title of contract** NON-EXCLUSIVE VENDOR AGREEMENT; CONTRACT NO. 214230P **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY POLLO OPERATIONS
DBA POLLO TROPICAL
JOSEPH W BRINK AND LEGAL
DEPT
7300 NORTH KENDALL DR
8TH FLOOR
MIAMI, FL 33156
- State the term remaining** 12/31/2017
- List the contract number of any government contract** _____
- 2.88. **Title of contract** AGREEMENT FOR APPOINTMENT AND SERVICE OF INDEPENDENT DIRECTOR **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY PORTAGE POINT PARTNERS
20 W KINZIE FL 17
CHICAGO, IL 60614
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- | | | |
|-------|---|--|
| 2.89. | Title of contract PRESENTURE, L.L.C. REPRESENTATION AGREEMENT
State what the contract or lease is for SALES NEGOTIATION AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining EXERCISED OPTION PERIOD TO 8/31/2017
List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PRESENTURE LLC
ATTN MICHAEL MAHER
ONE RIVERWAY
SUITE 2060
HOUSTON, TX 77056 |
| | | |
| 2.90. | Title of contract NON-UNION EMPLOYEE - DENTAL
State what the contract or lease is for EMPLOYEE BENEFITS PROVIDER
Nature of debtor's interest INSURANCE PROVIDER
State the term remaining _____
List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PRINCIPAL FINANCIAL GROUP
711 HIGH STREET
DES MOINES, IA 50392-2300 |
| | | |
| 2.91. | Title of contract NON-UNION EMPLOYEE - GROUP TERM LIFE PLAN
State what the contract or lease is for EMPLOYEE BENEFITS PROVIDER
Nature of debtor's interest INSURANCE PROVIDER
State the term remaining _____
List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PRINCIPAL FINANCIAL GROUP
711 HIGH STREET
DES MOINES, IA 50392-2300 |
| | | |
| 2.92. | Title of contract NON-UNION EMPLOYEE - LONG TERM DISABILITY PLAN
State what the contract or lease is for EMPLOYEE BENEFITS PROVIDER
Nature of debtor's interest INSURANCE PROVIDER
State the term remaining _____
List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PRINCIPAL FINANCIAL GROUP
711 HIGH STREET
DES MOINES, IA 50392-2300 |
| | | |
| 2.93. | Title of contract NON-UNION EMPLOYEE - SHORT TERM DISABILITY PLAN
State what the contract or lease is for EMPLOYEE BENEFITS PROVIDER
Nature of debtor's interest INSURANCE PROVIDER
State the term remaining _____
List the contract number of any government contract _____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

PRINCIPAL FINANCIAL GROUP
711 HIGH STREET
DES MOINES, IA 50392-2300 |

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.94. **Title of contract** NON-UNION EMPLOYEE - VISION PLAN **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE BENEFITS PROVIDER
- Nature of debtor's interest** INSURANCE PROVIDER PRINCIPAL FINANCIAL GROUP
711 HIGH STREET
DES MOINES, IA 50392-2300
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.95. **Title of contract** LEASE PURCHASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT
- Nature of debtor's interest** CONTRACT PARTY Name and Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.96. **Title of contract** OPERATING PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY QUAKER STEAK & LUBE
MELODY GOODMAN
101 CHESTNUT STREET
SHARON, PA 16146
- State the term remaining** 12/31/2017
- List the contract number of any government contract** _____
- 2.97. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT - DIRECTOR OF SALES
- Nature of debtor's interest** EMPLOYER RIGGS, ANDREW
Address Intentionally Omitted
- State the term remaining** 3/16/2018 WITH AUTOMATIC 2 - YEAR RENEWAL PERIODS
- List the contract number of any government contract** _____
- 2.98. **Title of contract** CONFIDENTIALITY, INVENTIONS AND NON-SOLICITATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY RIGGS, ANDREW
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

2.99. ¹	Title of contract	LICENSE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	LICENSED MARKS, REGISTRATION # 1,318,693	
	Nature of debtor's interest	CONTRACT PARTY	ROMA DINING LLC ROMACORP, INC. ATTN: VICE PRESIDENT, LEGAL 9304 FOREST LANE STE 200 DALLAS, TX 75243
	State the term remaining	EXERCISED OPTION PERIOD TO 6/30/2020	
	List the contract number of any government contract	_____	
2.100.	Title of contract	SALES & MARKETING AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	CONTRACT PACKAGING SERVICE AND SUPPLY MASTER AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	ROWDYDOW BBQ WORLDWIDE LLC ANGELA KEAVENY CEO WE WORK 20 WEST KINZIE 17TH FLOOR CHICAGO, IL 60654
	State the term remaining	1/20/2020 WITH 3 - AUTOMATIC 3 - YEAR RENEWAL PERIODS	
	List the contract number of any government contract	_____	
2.101.	Title of contract	SUPPLIER AGREEMENT - WAL-MART & SAM'S CLUB	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	_____	
	Nature of debtor's interest	CONTRACT PARTY	SAM'S CLUB 2101 S.E. SIMPLE SAVINGS DR BENTONVILLE, AR 72716-0745
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.102.	Title of contract	OPERATOR PRICE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	CUSTOMER AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	SCRUBBY'S BBQ JOHN WRIGHT 251 NORTH UNIVERSITY DR PEMBROKE PINES, FL 33024
	State the term remaining	12/31/2017	
	List the contract number of any government contract	_____	
2.103.	Title of contract	REBATE EXTENSION LETTER	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
	State what the contract or lease is for	CUSTOMER AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	SEMINOLE GAMING JOHN ELDER SR VP FINANCE 6911 PARKE E BLVD SUITE 200 TAMPA, FL 33610
	State the term remaining	12/31/2017	
	List the contract number of any government contract	_____	

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.104. **Title of contract** LETTER OF PREFERRED VENDOR AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY SERVICES INC AND C & S
WHOLESALE GROCERS
MICHAEL PAPALEO
7 CORPORATE DRIVE
KEENE, NH 03431
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.105. **Title of contract** BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY SHAHEEN MARKETING LLC
DBA LAKELAND MARKETING
ELIZABETH SHAHEEN
9720 WHITE BLOSSOM BLVD
LOUISVILLE, KY 40241
- State the term remaining** INDEFINITE UNTIL TERMINATED BY EITHER PARTY
- List the contract number of any government contract** _____
- 2.106. **Title of contract** OPERATOR PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY SMOKY JON'S
JON OLSON
2310 A PACKERS AVE
MADISON, WI 53704
- State the term remaining** 12/31/2017
- List the contract number of any government contract** _____
- 2.107. **Title of contract** CONFIDENTIAL SEPARATION AGREEMENT & RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY STANLEY, MICHAEL
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.108.² **Title of contract** LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** LEASE OF REAL PROPERTY LOCATED AT 15600
WENTWORTH AVENUE, SOUTH HOLLAND, IL 60473
- Nature of debtor's interest** LESSEE
- State the term remaining** 12/31/2033;
INCLUDES 4 - 5 YEARS OPTIONS TO EXTEND TERM
- List the contract number of any government contract** _____
- STORE MASTER FUNDING V LLC
ATTENTION: MICHAEL T. BENNETT,
EXECUTIVE VICE PRESIDENT –
GENERAL COUNSEL
8501 E PRINCESS DR 190
SCOTSDALE, AZ 85255

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.109. **Title of contract** FIRST ADDENDUM TO BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT SUNBELT FOODS COMPANY INC
6001 LIVE OAK PARKWAY
NORCROSS, GA 30093
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.110. **Title of contract** BROKER REPRESENTATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** BROKER AGREEMENT SUNBELT FOODS COMPANY INC
6001 LIVE OAK PARKWAY
NORCROSS, GA 30093
- Nature of debtor's interest** CONTRACT PARTY
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.111. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY TAYLOR, JAMES
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.112. **Title of contract** CONFIDENTIALITY, INVENTIONS AND NON-SOLICITATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY TAYLOR, JAMES
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.113. **Title of contract** SEPARATION AGREEMENT & GENERAL RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY TAYLOR, JAMES
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.114. **Title of contract** SEPARATION AGREEMENT & GENERAL RELEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY TESKA, WILLIAM
Address Intentionally Omitted
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.115. **Title of contract** SALES & MARKETING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DESIGN, STRATEGY, AND INNOVATION SERVICES AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY THE DUPUIS GROUP LLC
394 E MAIN ST STE C
VENTURA, CA 93001
- State the term remaining** 12/29/2017
- List the contract number of any government contract** _____
- 2.116. **Title of contract** PRODUCT DEVELOPMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DESIGN, STRATEGY, AND INNOVATION SERVICES AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY THE DUPUIS GROUP LLC
394 E MAIN ST STE C
VENTURA, CA 93001
- State the term remaining** 12/29/2017
- List the contract number of any government contract** _____
- 2.117. **Title of contract** SALES & MARKETING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DATA, INFORMATION & TECHNOLOGY & SERVICES
- Nature of debtor's interest** CONTRACT PARTY THE NIELSEN COMPANY USA LLC
VILIA JAKAITIS
85 BROAD ST
NEW YORK, NY 10004
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.118. **Title of contract** SALES & MARKETING AGREEMENT, AMENDMENT #3 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DATA, INFORMATION & TECHNOLOGY & SERVICES
- Nature of debtor's interest** CONTRACT PARTY THE NIELSEN COMPANY USA LLC
VILIA JAKAITIS
85 BROAD ST
NEW YORK, NY 10004
- State the term remaining** 5/31/2019
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.119. **Title of contract** SALES & MARKETING AGREEMENT, AMENDMENT #4 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DATA, INFORMATION & TECHNOLOGY & SERVICES
- Nature of debtor's interest** CONTRACT PARTY THE NIELSEN COMPANY USA LLC
VILIA JAKAITIS
85 BROAD ST
NEW YORK, NY 10004
- State the term remaining** 5/2019
- List the contract number of any government contract** _____
-
- 2.120. **Title of contract** SALES & MARKETING AGREEMENT, AMENDMENT #5 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DATA, INFORMATION & TECHNOLOGY & SERVICES
- Nature of debtor's interest** CONTRACT PARTY THE NIELSEN COMPANY USA LLC
VILIA JAKAITIS
85 BROAD ST
NEW YORK, NY 10004
- State the term remaining** 5/2019
- List the contract number of any government contract** _____
-
- 2.121. **Title of contract** OPERATOR PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY THIS IS IT BBQ #2
SHELLY BUTCH ANTHONY
105 MCINTOSH CROSSING
FAYETTEVILLE, GA 30214
- State the term remaining** 1/15/2018
- List the contract number of any government contract** _____
-
- 2.122. **Title of contract** OPERATOR PRICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CUSTOMER AGREEMENT
- Nature of debtor's interest** CONTRACT PARTY THIS IS IT BBQ #2
SHELLY BUTCH ANTHONY
105 MCINTOSH CROSSING
FAYETTEVILLE, GA 30214
- State the term remaining** _____
- List the contract number of any government contract** _____
-
- 2.123. **Title of contract** EDI QUOTE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WEBSITE SERVICES
- Nature of debtor's interest** _____ TRUE COMMERCE
NW6199
PO BOX 1450
MINNEAPOLIS, MN 55485-6199
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.124. **Title of contract** SALES CONFIRMATION ORDER **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY TYSON
88031 EXPEDITE WAY
CHICAGO, IL 60695-0001
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.125. **Title of contract** PURCHASE ORDER **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY TYSON FOODS INC
SCOTT PETERS
VP FINANCE
2200 DON TYSON PKWY
SPRINGDALE, AR 72762
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.126. **Title of contract** HEALTH & WELFARE PLANS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** UNION PLAN SPONSOR
- Nature of debtor's interest** INSURANCE PROVIDER UFCW LOCAL 1546 HEALTH &
WELFARE/PENSION
1649 W ADAMS STREET
THIRD FLOOR
CHICAGO, IL 60612
- State the term remaining** 3/31/2017
- List the contract number of any government contract** _____
- 2.127. **Title of contract** UNION CONTRACT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** UNION CONTRACT
- Nature of debtor's interest** CONTRACT PARTY UNITED FOOD AND COMMERCIAL
WORKERS INTERNATIONAL UNION,
LOCAL 1546
1649 W ADAMS ST THIRD FL
CHICAGO, IL 60612
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.128. **Title of contract** PUBLIC RELATIONS SERVICES **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY UPROAR PR, LLC
55 WEST CHURCH ST
STE 201
ORLANDO, FL 32801
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- | | | | |
|--------|---|--|---|
| 2.129. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | AMENDMENT TO THE LOCAL VENDOR PROGRAM AGREEMENT
1 - YEAR CONTRACT EXTENSION AND ALLOWANCES
CONTRACT PARTY
12/31/2017
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
US FOODS, INC.
DAN DUFFY DIRECTOR-CUSTOMER/SUPPLIER SYSTEMS
9399 WEST HIGGINS RD
ROSEMONT, IL 60018 |
| 2.130. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FORMULA OWNERSHIP AGREEMENT
BONELESS RIB PRODUCTS
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
US FOODS, INC.
DAN DUFFY DIRECTOR-CUSTOMER/SUPPLIER SYSTEMS
9399 WEST HIGGINS RD
ROSEMONT, IL 60018 |
| 2.131. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FORMULA OWNERSHIP AGREEMENT
PORK CARNITAS
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
US FOODS, INC.
DAN DUFFY DIRECTOR-CUSTOMER/SUPPLIER SYSTEMS
9399 WEST HIGGINS RD
ROSEMONT, IL 60018 |
| 2.132. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FORMULA OWNERSHIP AGREEMENT
PORK BURNT ENDS
CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
US FOODS, INC.
DAN DUFFY DIRECTOR-CUSTOMER/SUPPLIER SYSTEMS
9399 WEST HIGGINS RD
ROSEMONT, IL 60018 |
| 2.133. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | MUTUAL NON-DISCLOSURE AGREEMENT - INNOVATION

CONTRACT PARTY

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
US FOODS, INC.
DAN DUFFY DIRECTOR-CUSTOMER/SUPPLIER SYSTEMS
9399 WEST HIGGINS RD
ROSEMONT, IL 60018 |

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- 2.134. **Title of contract** MUTUAL NON-DISCLOSURE AGREEMENT - INNOVATION **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY **US FOODS, INC.**
- State the term remaining** _____ **DAN DUFFY DIRECTOR-**
- List the contract number of any government contract** _____ **CUSTOMER/SUPPLIER SYSTEMS**
9399 WEST HIGGINS RD
ROSEMONT, IL 60018
- 2.135. **Title of contract** EXCLUSIVE DISTRIBUTION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY **US FOODS, INC.**
- State the term remaining** _____ **DAN DUFFY DIRECTOR-**
- List the contract number of any government contract** _____ **CUSTOMER/SUPPLIER SYSTEMS**
9399 WEST HIGGINS RD
ROSEMONT, IL 60018
- 2.136. **Title of contract** EMPLOYMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYMENT - CFO
- Nature of debtor's interest** _____ **VALINE, MICAH S**
- State the term remaining** 12/12/2019 WITH AUTOMATIC 2 - YEAR RENEWAL PERIODS **Address Intentionally Omitted**
- List the contract number of any government contract** _____
- 2.137. **Title of contract** CONFIDENTIALITY, INVENTIONS AND NON-SOLICITATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** CONTRACT PARTY **VALINE, MICAH S**
- State the term remaining** _____ **Address Intentionally Omitted**
- List the contract number of any government contract** _____
- 2.138. **Title of contract** NON-UNION EMPLOYEE VISION INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE BENEFITS PROVIDER
- Nature of debtor's interest** INSURANCE PROVIDER **VISION SERVICE PLAN**
- State the term remaining** 5/31/2016 **PO BOX 742135**
LOS ANGELES, CA 90074-2135
- List the contract number of any government contract** _____

Debtor **Rupari Food Services, Inc.**Case number (if known) **17-10794**

- | | | | |
|--------|---|--|--|
| 2.139. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SUPPLIER AGREEMENT
SUPPLIES
CONTRACT PARTY

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

WAL-MART STORES
702 SW 8TH STREET
BENTONVILLE, AR 72716 |
| 2.140. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SUPPLIER AGREEMENT - WAL-MART & SAM'S CLUB
SUPPLIES
CONTRACT PARTY

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

WAL-MART STORES
702 SW 8TH STREET
BENTONVILLE, AR 72716 |
| 2.141. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICE RETENTION AGREEMENT
SERVICES
CONTRACT PARTY

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

WALTON-ISAACSON
3630 EASTHAM DR
CULVER CITY, CA 90232 |
| 2.142. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | CONFIDENTIAL SEPARATION AGREEMENT & RELEASE

CONTRACT PARTY

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

WILKES, ANTHONY
Address Intentionally Omitted |

¹TX²CHICAGO

Fill in this information to identify the case:**Debtor name:** Rupari Food Services, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 17-10794☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

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

1. Does the debtor have any codebtors?

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

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:

- | | | | |
|---|--|---------------------------------|---|
| 2.1. RUPARI HOLDING CORP.
ATTN J KELLY | 15600 SOUTH WENTWORTH AVE
SOUTH HOLLAND, IL 60473 | ANTARES CAPITAL LP, AS
AGENT | <input checked="" type="checkbox"/> D
<input type="checkbox"/> E/F
<input type="checkbox"/> G |
|---|--|---------------------------------|---|

Fill in this information to identify the case:**Debtor name:** Rupari Food Services, Inc.**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 17-10794Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

Declaration and signature

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

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

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

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

Executed on 5/10/2017
MM/DD/YYYY

x 

Signature of individual signing on behalf of debtor

Micah Valine
Printed name

Chief Financial Officer
Position or relationship to debtor