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PROPOSED ATTORNEYS FOR DEBTORS

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

In re:	§ Chapter 11
	§
Corsicana Bedding, LLC, <i>et al.</i> , ¹	§ Case No. 22-90016-elm11
	§
Debtors.	§ Jointly Administered

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

Introduction

On June 25, 2022 (the “Petition Date”), Corsicana Bedding, LLC and the above-captioned debtors and debtors-in-possession (collectively, the “Debtors”), filed voluntary petitions for relief under Chapter 11 of the Title 11 of the United States Code (the “Bankruptcy Code”) in the United States Bankruptcy Court for the Northern District of Texas (the “Bankruptcy Court”). The Chapter 11 cases are jointly administered under Case No. 22-90016-ELM11 (the “Chapter 11 Cases”).

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are: Corsicana Bedding, LLC (3019) (“Corsicana”); Thetford Leasing LLC (7227) (“Thetford”); Olive Branch Building, LLC (7227) (“Olive Branch”); Eastern Sleep Products Company (1185) (“Eastern Sleep”); Englander-Symbol Mattress of Mississippi, LLC (5490) (“Englander Symbol”); Hylton House Furniture, Inc. (5992) (“Hylton House”); Luuf, LLC (3450) (“Luuf”); Symbol Mattress of Florida, Inc. (4172) (“Symbol Florida”); Symbol Mattress of Pennsylvania, Inc. (3160) (“Symbol Pennsylvania”); Symbol Mattress of Wisconsin, Inc. (0871) (“Symbol Wisconsin”); Symbol Mattress Transportation, Inc. (1185) (“Symbol Transportation”); and Master Craft Sleep Products, Inc. (4961) (“Master Craft”). The location of the Debtors’ service address is P.O. Box 3233, Fort Worth, Texas 76113.

With the assistance of their proposed advisors, the Debtors' management prepared the Schedules of Assets and Liabilities (collectively, the "Schedules") and the Statements of Financial Affairs (the "SOFAs" and together with the Schedules, the "Schedules and SOFAs") pursuant to section 521 of the Bankruptcy Code and Rule 1007 of the Federal Rules of Bankruptcy Procedure. The Schedules and SOFAs are unaudited and do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP"), and they are they not intended to be fully reconciled to the financial statements.

Although the Debtors' management has made every reasonable effort to ensure that the Schedules and SOFAs are accurate and complete based on information that was available to them at the time of preparation, subsequent information or discovery may result in material changes to these Schedules and SOFAs, and inadvertent errors or omissions may have occurred. Subsequent receipt of information or an audit may result in material changes in financial data requiring amendment of the Schedules and SOFAs. Accordingly, the Schedules and SOFAs remain subject to further review and verification by the Debtors. The Debtors reserve their right to amend the Schedules and SOFAs from time-to-time as may be necessary or appropriate.

These general notes regarding the Debtors' Schedules and SOFAs (the "Global Notes") comprise an integral part of the Schedules and SOFAs filed by the Debtors and should be referenced in connection with any review of the Schedules and SOFAs. Nothing contained in the Schedules and SOFAs shall constitute a waiver of any rights or claims of the Debtors against any third party, or in or with respect to any aspect of these Chapter 11 Cases.

Michael Juniper, the Debtors' Chief Restructuring Officer, has signed each of the Schedules and SOFAs. Mr. Juniper is an authorized signatory for each of the Debtors. In reviewing and signing the Schedules and SOFAs, Mr. Juniper has relied upon the efforts, statements, and representations of various personnel employed by the Debtors and their advisors. Mr. Juniper has not (and could not have) personally verified the accuracy of each statement and representation contained in the Schedules and SOFAs, including statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

Global Notes

- 1. Redacted information.** Pursuant to the *Order (I) Authorizing the Debtors to File a Consolidated List of Creditors, (II) Authorizing the Debtors to Redact Certain Personal Identification Information of Individual Creditors and Current and Former Employees, and (III) Approve the Form and Manner of Notifying Creditors of the Commencement of the Debtors' Chapter 11 Cases and Bar Date* [Doc. No. 66], the home address information of individuals in the Schedules and SOFAs has been redacted (the "Confidential Information"). Any party in interest that requires access to the Confidential Information for purposes of service in connection with these Chapter 11 Cases may request a copy of the Confidential Information by contacting counsel to the Debtors, Steve Pezanosky (stephen.pezanosky@haynesboone.com) or David Staab (david.staab@haynesboone.com), and such counsel shall provide the Confidential Information within five (5) business days of such request. Moreover, any individual

claimant who would like to confirm their claim, including any Confidential Information, may do so by contacting the foregoing counsel to the Debtors.

2. **Asset Presentation.** Unless otherwise noted, each asset and liability of the Debtors is shown on the basis of the book value of the asset or liability in the Debtors' books and records, as of June 25, 2022, and not on the basis of current market values of such interest in property or liabilities. Assets valued at \$0 are fully depreciated. The Debtors reserve their right to amend or adjust the value of each asset or liability set forth herein.
3. **Gross Revenue and Other Income Presentation.** The gross revenue and other income provided in the SOFAs is rolled-up and consolidated at Eastern Sleep Products Company for it and its specific subsidiaries (Thetford, Olive Branch, Englander Symbol, Hylton House, Luuf, Symbol Florida, Symbol Pennsylvania, Symbol Wisconsin, Symbol Transportation, and Master Craft, if applicable). The Debtors reserve their right to amend or adjust the amounts set forth herein.
4. **Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and postpetition periods based on the information and research that was conducted in connection with the preparation of the Schedules and SOFAs. As additional information becomes available and further research is conducted, the allocation of liabilities between prepetition and postpetition periods may change. The Debtors also reserve the right to change the allocation of liability to the extent additional information becomes available.
5. **Intercompany Balances.** Intercompany balances exist among all Debtors. These may represent assets or liabilities depending on the Debtor and the corresponding intercompany Debtor. These have been excluded from the Schedules. These net to \$0 on a consolidated basis.
6. **Causes of Action.** Despite reasonable efforts, the Debtors might not have identified or set forth all of their causes of action against third parties as assets in their Schedules and SOFAs. The Debtors reserve any and all of their rights with respect to any causes of action they may have, and neither these Global Notes nor the Schedules and SOFAs shall be deemed a waiver of any such causes of action.
7. **Claims Description.** Any failure to designate a claim on the Debtors' Schedules or SOFAs as "disputed," "contingent" or "unliquidated" does not constitute an admission by the Debtors that such claim is not "disputed," "contingent" or "unliquidated." The Debtors reserve the right to dispute, or to assert offsets or defenses to, any claim reflected on its Schedules and SOFAs as to amount, liability, priority, secured or unsecured status, or classification, or to otherwise designate any claim as "disputed," "contingent" or "unliquidated" by filing and serving an appropriate amendment. The Debtors reserve the right to amend their Schedules or SOFAs as necessary or appropriate.
8. **Property and Equipment.** Owned property and equipment are listed at net book value. Additionally, all information set forth on the Schedules and SOFAs regarding owned equipment, merchandise and other physical assets of the Debtors is based upon the

information set forth in the Debtors' books and records. The Debtors have not completed a recent physical inventory of any of their owned equipment, merchandise or other physical assets and any information set forth in the Schedules and SOFAs may be over or understated. Further, nothing in the Schedules or SOFAs (including the failure to list leased property or equipment as owned property or equipment) is or shall be construed as an admission as to the determination of legal status of any lease (including whether any lease is a true lease or financing arrangement), and the Debtors reserve all their rights with respect to such issues. For the purposes of Schedule A/B Part 9, the value of certain assets with a net book value of zero may not be set forth on these particular Schedules. Schedule A/B Part 9 assets primarily include leasehold improvements, building improvements and construction-in-progress.

- 9. Insiders.** In the circumstances in which the Schedules require information regarding insiders or officers and directors, included herein are each Debtor's (a) directors (or persons in similar positions) and (b) officers. Attached as an exhibit to these Global Notes is the known potential insider relationships. The listing of a party as an insider is not intended to be nor should it be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, claim, right or defense and all such rights, claims and defenses are hereby expressly reserved. Further, employees have been included in this disclosure for informational purposes only and should not be deemed to be "insiders" in terms of control of the Debtors, management responsibilities or functions, decision-making or corporate authority or as otherwise defined by applicable law, including, without limitation, the federal securities laws, or with respect to any theories of liability or for any other purpose.
- 10. Specific Notes.** These Global Notes are in addition to the specific notes set forth in the individual Schedules and SOFAs. Disclosure of information in one Schedule, SOFA, exhibit, continuation sheet even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, SOFA, exhibit or continuation sheet.
- 11. Totals.** All totals that are included in the Schedules represent totals of the liquidated amounts for the individual schedule for which they are listed.
- 12. Unliquidated Claim Amounts.** Claim amounts that could not be fairly quantified by the Debtors are scheduled as "unliquidated" or "unknown."
- 13. General Reservation of Rights.** The Debtors specifically reserve the right to amend, modify, supply, correct, change or alter any part of their Schedules and SOFAs as and to the extent necessary as they deem appropriate.

Specific Disclosures with Respect to the Debtors' Schedules

- 1. Schedule D—Creditors Holding Secured Claims.** Except as specifically stated herein, real property lessors, utility companies and other parties which may hold security deposits have not been listed on Schedule D. The Debtors have not included on Schedule D all parties that may believe their claims are secured through setoff rights, deposits

posted by, or on behalf of, the Debtors, or inchoate statutory lien rights. While reasonable efforts have been made, determination of the date upon which each claim in Schedule D was incurred or arose would be unduly and cost prohibitive, and therefore, the Debtors may not list a date for each claim listed on Schedule D.

2. **Schedule D—Prepetition ABL Facility and Prepetition Term Loans.** The Debtors' prepetition ABL credit facility (the "Prepetition ABL Facility") is memorialized in that certain Credit Agreement dated as of April 28, 2021 (as amended, restated, amended and restated, supplemented, or otherwise modified from time to time, the "Prepetition ABL Credit Agreement") by and among Corsicana Bedding, LLC, and certain of its affiliates designated therein, as borrowers, Corsicana Parent Co., LLC and certain other parties, as guarantors, the financial institutions from time to time party thereto and Wingspire Capital LLC, as administrative agent.

The Debtors' prepetition term loan credit facility (the "Prepetition Term Loans") is memorialized in that certain Financing Agreement dated as of April 28, 2021 (as amended, restated, amended and restated, supplemented, or otherwise modified from time to time the "Prepetition Term Loan Agreement") by and among, among others, Corsicana Bedding, LLC, as borrower, and certain of its affiliates designated therein as guarantors, each lender from time to time party thereto, and Blue Torch Finance, LLC, as administrative agent and collateral agent.

Although there are multiple parties that hold a portion of the debt included in the Prepetition ABL Facility and the Prepetition Term Loans, only the administrative agents have been listed for purposes of Schedule D. The descriptions provided in Schedule D are intended only as a summary. 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 any liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements.

3. **Schedule E—Creditors Holding Unsecured Priority Claims.** The listing of any claim on Schedule E does not constitute an admission by the Debtors that such claim is entitled to priority under Section 507 of the Bankruptcy Code. The Debtors reserve the right to dispute the priority status of any claim on any basis. While reasonable efforts have been made, determination of the date upon which each claim in Schedule E was incurred or arose would be unduly burdensome and cost prohibitive, and therefore, the Debtors may not list a date for each claim listed on Schedule E. Additionally, the Debtors have not included employee related priority claims that existed as of the Petition Date to the extent that such claims have been or are approved for payment pursuant to orders entered by the Bankruptcy Court.
4. **Schedule F—Creditors Holding Unsecured Nonpriority Claims.** The liabilities identified in Schedule F are derived from the Debtors' books and records, which may or may not, in fact, be completely accurate, but they do represent a reasonable attempt by the Debtors to set forth their unsecured obligations. Accordingly, the actual amount of claims against the Debtors may vary from the represented liabilities. Parties in interest

should not accept that the listed liabilities necessarily reflect the correct amount of any unsecured creditor's allowed claims or the correct amount of all unsecured claims. Similarly, parties in interest should not anticipate that recoveries in these cases will reflect the relationship of aggregate asset values and aggregate liabilities set forth in the Schedules and SOFAs. Parties in interest should consult their own professionals or advisors with respect to pursuing a claim. Although the Debtors and their professionals have generated financials the Debtors believe to be reasonable, actual liabilities (and assets) may deviate from the Schedules and SOFAs due to certain events that occur throughout the duration of these chapter 11 cases. The claims listed on Schedule F arose or were incurred on various dates. In certain instances, the date on which a claim arose may be unknown or subject to dispute. Although reasonable efforts have been made to determine the date upon which claims listed in Schedule F was incurred or arose, fixing that date for each claim in Schedule F would be unduly burdensome and cost prohibitive and, therefore, the Debtors may not list a date for each claim listed on Schedule F.

5. **Schedule G—Executory Contracts.** While every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G and to amend or supplement such Schedule, as necessary. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, 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. In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their business, such as easements, right of way, subordination, nondisturbance agreements, supplemental agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such documents are also not set forth in Schedule G. The Debtors reserve all rights to dispute or challenge the characterization of the structure of any transaction or any document or instrument related to a creditor's claim. The Debtors may be party to certain agreements that have expired by their terms, but all parties continue to operate under the agreement. Out of an abundance of caution, the Debtors have listed such agreements on Schedule G. The Debtors' inclusion of such contracts or agreements on Schedule G is not an admission that such contract or agreement is an executory contract or unexpired lease. Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtors' rights under the Bankruptcy Code with respect to any such omitted contracts or agreements are not impaired by the omission. In some cases, the same supplier or provider may appear multiple times in Schedule G. Multiple listings, if any, reflect distinct agreements between the applicable Debtor and such supplier or provider. The listing of any contract on Schedule G does not constitute an admission by the Debtors as to the validity of any such contract. The Debtors reserve the right to dispute the effectiveness of any such contract listed on Schedule G or to amend Schedule G at any time to remove any contract.

EXHIBIT – INSIDER RELATIONSHIPS

Insider or Related Party	Debtor Entity(ies)	Nature of Relationship
Blue Torch Capital	Corsicana Bedding, LLC, et al.	Indirect Equity Owner
KKR Credit	Corsicana Bedding, LLC, et al.	Indirect Equity Owner
Long Point Capital, Inc.	Corsicana Bedding, LLC, et al.	Indirect Equity Owner
Bradley Dietz	Corsicana Bedding, LLC, et al.	Director
Eric Rhea	Corsicana Bedding, LLC, et al.	Officer/Director-
Matthew Khan	Corsicana Bedding, LLC, et al.	Director
Michael Juniper	Corsicana Bedding, LLC, et al.	Chief Restructuring Officer
Scott Vogel	Corsicana Bedding, LLC, et al.	Director
Mark Jannke	Corsicana Bedding, LLC, et al.	Secretary and Treasurer
Corsicana Parent Co., LLC	Corsicana Bedding, LLC, et al.	Equity Owner

Fill in this information to identify the case:**Debtor name:** Symbol Mattress of Wisconsin, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 22-90025☐ 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

\$0.00

1b. Total personal property:

Copy line 91A from Schedule A/B

\$28,966,053.70

1c. Total of all property:

Copy line 92 from Schedule A/B

\$28,966,053.70

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

\$150,978,232.01

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

\$0.00

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

+ \$6,114,561.39

4. Total liabilities

Lines 2 + 3a + 3b

\$157,092,793.40

Fill in this information to identify the case:**Debtor name:** Symbol Mattress of Wisconsin, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 22-90025☐ 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
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2. Cash on hand

2.1. PHYSICAL PETTY CASH BOX - WI	\$87.19
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3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. BMO HARRIS BANK P.O. BOX 4320 CAROL STREAM IL 60197	CHECKING	9510	\$20,637.65

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.

\$20,724.84

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

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Current value of
debtor's interest

7.1. LEASE

\$5,000.00

1400 NORTH II, LLC
 WANGARD PARTNERS, INC
 1200 N MAYFAIR RD STE 310
 MILWAUKEE WI 53226

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. FREIGHT

\$6,759.00

PROFORMA

8.2. LICENSE FEE

\$3,433.33

THE YGS GROUP

8.3. LICENSE FEE

\$5,149.99

THE YGS GROUP

8.4. ROYALTY

UNDETERMINED

TOMMIE COPPER INC

9. Total of part 2

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

\$20,342.32

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of
debtor's interest****11. Accounts receivable**

Face amount

Doubtful or uncollectible
accounts

11a.¹ 90 days old or less: \$2,554,315.00 - \$8,940.00 = → \$2,545,375.00

Face amount

Doubtful or uncollectible
accounts

11b.¹ Over 90 days old: \$125,843.00 - \$142,059.00 = → (\$16,216.00)

12. Total of part 3

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

\$2,529,159.00

¹MULTIPLE CREDITS ON MULTIPLE CUSTOMERS' ACCOUNTS**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**Valuation method used
for current valueCurrent value of
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. _____ \$ _____

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

Name of entity

% of ownership

15.1. _____ % _____ \$ _____

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 inventoryNet book value of
debtor's interest
(Where available)Valuation method used
for current valueCurrent value of
debtor's interest**19. Raw materials**

19.1. RAW MATERIALS - 8 - WI PLANT 3/17/2022 \$3,098,463.00 RECENT COST BASED VALUATION \$3,098,463.00

20. Work in progress

20.1. _____ \$ _____

21. Finished goods, including goods held for resale

General description

Date of the last physical
inventoryNet book value of
debtor's interestValuation method used
for current valueCurrent value of
debtor's interest

21.1. FINISHED GOODS - 8 - WI PLANT 3/17/2022 \$311,499.00 RECENT COST BASED VALUATION \$311,499.00

22. Other inventory or supplies

22.1. _____ \$ _____

23. Total of part 5

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

\$3,409,962.00

24. Is any of the property listed in Part 5 perishable?☒ No☐ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☒ Yes Book value: \$1,149,729.00 Valuation method: RECENT COST BASED VALUATION Current value: \$1,149,729.00

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025****26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☐ No☒ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes. Fill in the information below.

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

33. Total of part 6

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

\$0.00

34. Is the debtor a member of an agricultural cooperative?☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes Book value: \$ _____ Valuation method: _____ Current value: \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**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 **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

	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.	MIX OF LEASED AND OWNED	\$0.00	Net Book Value	UNDETERMINED
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 (Where available)	Valuation method used for current value	Current value of debtor's interest
41.1.	MIX OF LEASED AND OWNED	\$0.00	Net Book Value	UNDETERMINED
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			UNDETERMINED

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

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

- ☐ No
☒ Yes

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

- ☒ No
☐ Yes

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

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

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	NEW TRACTOR - WISCONSIN PLANT	\$6,114.38	Net Book Value	\$6,114.38
47.2.	2019 FORD F-150	\$21,877.57	Net Book Value	\$21,877.57
47.3.	2003 GMC ENVOY XL	\$0.00	Net Book Value	UNDETERMINED
47.4.	2003 GMC EXT CAB	\$0.00	Net Book Value	UNDETERMINED
47.5.	95 AUDI A6	\$0.00	Net Book Value	UNDETERMINED
47.6.	COLONIAL FORD TRUCK SALES	\$0.00	Net Book Value	UNDETERMINED
47.7.	DAVID BECKER-TRUCK	\$0.00	Net Book Value	UNDETERMINED
47.8.	HOLZ CHEVROLET	\$0.00	Net Book Value	UNDETERMINED

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025****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.	BK-6 BALE OPENER	\$0.00	Net Book Value	UNDETERMINED
50.2.	PCS-90 PANEL CUTTER	\$0.00	Net Book Value	UNDETERMINED
50.3.	PC-6 90" PANEL CUTTER	\$0.00	Net Book Value	UNDETERMINED
50.4.	PETROVEND CARD READER SYSTEM	\$197.38	Net Book Value	\$197.38
50.5.	HOT MELT GLUE MACHINE	\$1,757.20	Net Book Value	\$1,757.20
50.6.	LUG ROLLER UPGRADE	\$7,285.81	Net Book Value	\$7,285.81
50.7.	CROWN EQUIPMENT CORP	\$11,679.22	Net Book Value	\$11,679.22
50.8.	L&P INVOICES	\$7,641.63	Net Book Value	\$7,641.63
50.9.	L&P INVOICES	\$15,217.40	Net Book Value	\$15,217.40
50.10.	REFURBISHED GALBREATH VB2200HD-3060 BALER SN:VB1424	\$6,161.21	Net Book Value	\$6,161.21
50.11.	100FT TOWVEYOR CONVEYOR	\$0.00	Net Book Value	UNDETERMINED
50.12.	2 AIR COMPRESSORS	\$0.00	Net Book Value	UNDETERMINED
50.13.	2 EL-4 VERTICAL BAND SAWS	\$0.00	Net Book Value	UNDETERMINED
50.14.	2 GALBREATH BALERS	\$0.00	Net Book Value	UNDETERMINED
50.15.	48' STORAGE TRAILER	\$0.00	Net Book Value	UNDETERMINED
50.16.	48' STORAGE TRAILER	\$0.00	Net Book Value	UNDETERMINED
50.17.	90" CHAIN STITCH MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.18.	BAND SAW	\$0.00	Net Book Value	UNDETERMINED
50.19.	BK-6 BAIL OPENER	\$0.00	Net Book Value	UNDETERMINED
50.20.	CB-100	\$0.00	Net Book Value	UNDETERMINED
50.21.	CONVEYOR SYSTEM	\$0.00	Net Book Value	UNDETERMINED
50.22.	CROWN SC4020-30 LIFT TRUCK	\$0.00	Net Book Value	UNDETERMINED
50.23.	CROWN SC4020-30 LIFT TRUCK	\$0.00	Net Book Value	UNDETERMINED
50.24.	CRUSHING MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.25.	CURTIS AIR COMPRESSOR	\$0.00	Net Book Value	UNDETERMINED
50.26.	EDGE SWEET MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.27.	FOAM CUTTING EQUIPMENT	\$0.00	Net Book Value	UNDETERMINED
50.28.	GALBREATH BALER	\$0.00	Net Book Value	UNDETERMINED
50.29.	GALBREATH HD 2200 BALER	\$0.00	Net Book Value	UNDETERMINED
50.30.	GAS FUELING SYSTEM	\$0.00	Net Book Value	UNDETERMINED
50.31.	GPT1000 PILLOW TOP RUFFLER	\$0.00	Net Book Value	UNDETERMINED
50.32.	GPT1000 PILLOW TOP RUFFLER	\$0.00	Net Book Value	UNDETERMINED
50.33.	GRAVITY CONVEYOR	\$0.00	Net Book Value	UNDETERMINED
50.34.	GRIBETZ MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.35.	HADY HOOK UP MACHINE	\$0.00	Net Book Value	UNDETERMINED

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

50.36.	HYSTER FORKLIFT S50C	\$0.00	Net Book Value	UNDETERMINED
50.37.	KAESER 115VLT AIR DRYER	\$0.00	Net Book Value	UNDETERMINED
50.38.	KAESER COMPRESSOR 208VLT	\$0.00	Net Book Value	UNDETERMINED
50.39.	KAESER COMPRESSOR 208VLT	\$0.00	Net Book Value	UNDETERMINED
50.40.	LABEL SEWING MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.41.	LACE TUFT MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.42.	LACE TUFTER MODEL SFT	\$0.00	Net Book Value	UNDETERMINED
50.43.	LEGGETT AND PLATT	\$0.00	Net Book Value	UNDETERMINED
50.44.	LEGGETT AND PLATT	\$0.00	Net Book Value	UNDETERMINED
50.45.	LONG ARM ZIG ZAG MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.46.	M.E.E.	\$0.00	Net Book Value	UNDETERMINED
50.47.	MISC CONVEYOR EQUIPMENT	\$0.00	Net Book Value	UNDETERMINED
50.48.	MISC EQUIP - TRAILERS	\$0.00	Net Book Value	UNDETERMINED
50.49.	MODEL 44-5 FLOOR SCALE	\$0.00	Net Book Value	UNDETERMINED
50.50.	NAS 1000 FUTON FILING MAC	\$0.00	Net Book Value	UNDETERMINED
50.51.	NAS-1000 FUTON FILING MAC	\$0.00	Net Book Value	UNDETERMINED
50.52.	P3301 FLANGE MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.53.	PC-6EM PANEL CUTTER	\$0.00	Net Book Value	UNDETERMINED
50.54.	PE 30Y FORKLIFT	\$0.00	Net Book Value	UNDETERMINED
50.55.	PF1000 FLANGE MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.56.	PG FIXTURE TABLE	\$0.00	Net Book Value	UNDETERMINED
50.57.	PORTER BLINDSTICH MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.58.	PORTER FLANGE MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.59.	POSI OIL/WATER SEPARATOR	\$0.00	Net Book Value	UNDETERMINED
50.60.	RECEIVERS SAFETY GUAGE	\$0.00	Net Book Value	UNDETERMINED
50.61.	RUFFLER ATLANTA	\$0.00	Net Book Value	UNDETERMINED
50.62.	RUFFLER, ATLANTA ATTACHMENT	\$0.00	Net Book Value	UNDETERMINED
50.63.	SAW ASY 50-88 / VACUM TABLE	\$0.00	Net Book Value	UNDETERMINED
50.64.	SERVER DRIVER FOR QUILT MACHINE	\$0.00	Net Book Value	UNDETERMINED
50.65.	VARIOUS UPGRADES EDGE INDUST	\$0.00	Net Book Value	UNDETERMINED
50.66.	WOLF KNIFE & CONSEW TABLE	\$0.00	Net Book Value	UNDETERMINED
50.67.	WRAPPER 20	\$0.00	Net Book Value	UNDETERMINED

51. Total of part 8

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

\$77,931.80

52. Is a depreciation schedule available for any of the property listed in Part 8?☐ No☒ Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025****Part 9: Real property****54. Does the debtor own or lease any real property?**

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

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

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1. _____ \$ _____

56. Total of part 9

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

\$0.00

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

- ☐ No
- ☐ Yes

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

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

60. Patents, copyrights, trademarks, and trade secrets

60.1. _____ \$ _____

61. Internet domain names and websites

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
--	-------------------------------------	------------------	------------------------------------

61.1. _____ \$ _____

62. Licenses, franchises, and royalties

62.1. _____ \$ _____

63. Customer lists, mailing lists, or other compilations

63.1. _____ \$ _____

64. Other intangibles, or intellectual property

64.1. _____ \$ _____

65. Goodwill

65.1. _____ \$ _____

66. Total of part 10

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

\$0.00

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

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.	UNKNOWN	UNKNOWN	UNKNOWN	_____	UNKNOWN

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.	ALLIANZ GLOBAL RISK US INSURANCE COMPANY	PRIMARY MANAGEMENT LIABILITY - POLICY NO. USF00934622	_____	_____	_____	UNDETERMINED
73.2.	ASSOCIATED INDUSTRIES INSURANCE CO, INC.	EXCESS D&O - POLICY NO. ANV152226A	_____	_____	_____	UNDETERMINED
73.3.	AXIS INSURANCE CO.	EXCESS D&O - POLICY NO. P-001-000518200-02	_____	_____	_____	UNDETERMINED
73.4.	CERTAIN UNDERWRITERS AT LLOYDS	WINDSTORM DEDUCTIBLE BUYBACK - POLICY NO. 1104-359893	_____	_____	_____	UNDETERMINED

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

73.5.	COMMERCE AND INDUSTRY INSURANCE COMPANY	STORAGE TANK THIRD-PARTY LIABILITY, CORRECTIVE ACTION AND CLEANUP COSTS - POLICY NO. 003033829				UNDETERMINED
73.6.	CONTINENTAL INSURANCE COMPANY	UMBRELLA - POLICY NO. 6020740105				UNDETERMINED
73.7.	GREAT AMERICAN INSURANCE COMPANY	ENVIRONMENTAL SITE LIABILITY - POLICY NO. PRE 3342396 01				UNDETERMINED
73.8.	OBSIDIAN SPECIALTY INSURANCE COMPANY	EXCESS D&O - POLICY NO. OSIC-410-DOX-1- 2022-1				UNDETERMINED
73.9.	PHOENIX INSURANCE COMPANY	AUTOMOBILE - POLICY NO. BA- OP957391-21-14				UNDETERMINED
73.10.	VARIOUS TRAVELERS SUBSIDIARIES INCLUDING THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA, THE PHOENIX INSURANCE COMPANY, AND OTHERS	WORKER'S COMPENSATION - POLICY NO. UB- 7R704054-21-14				UNDETERMINED
73.11.	STARSTONE SPECIALTY INSURANCE COMPANY	EXCESS D&O - POLICY NO. D72808221ASP				UNDETERMINED
73.12.	TRAVELERS INDEMNITY CORPORATION OF AMERICA	PROPERTY - POLICY NO. 660- 0P950549-21-14;				UNDETERMINED
73.13.	TRAVELERS INDEMNITY CORPORATION OF AMERICA	GENERAL LIABILITY - POLICY NO. 660- 0P950549-21-14				UNDETERMINED
73.14.	TRAVELERS PROPERTY AND CASUALTY COMPANY OF AMERICA	EXCESS LIABILITY - POLICY NO. 6S129831-EX				UNDETERMINED

74. Causes of action against third parties (whether or not a lawsuit has been filed)

	Nature of claim	Amount requested	Current value of debtor's interest
74.1.		\$	\$

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

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.		\$	\$

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025****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. INTERCOMPANY AR BALANCE FROM EASTERN SLEEP PRODUCTS COMPANY \$22,907,933.74

78. Total of part 11

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

\$22,907,933.74

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

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025****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>	\$20,724.84	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$20,342.32	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$2,529,159.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$3,409,962.00	
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>	UNDETERMINED	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$77,931.80	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i> +	\$22,907,933.74	
91. Total. Add lines 80 through 90 for each column.91a.	\$28,966,053.70	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$28,966,053.70

Fill in this information to identify the case:

Debtor name: Symbol Mattress of Wisconsin, Inc.

United States Bankruptcy Court for the: Northern District of Texas

Case number (if known): 22-90025

☐ 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 **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025****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**

BLUE TORCH FINANCE, LLC
 LOGAN FISHER
 430 PARK AVE STE 1202
 NEW YORK NY 10022
 LFISHER@BLUETORCHCAPITAL.COM

Date debt was incurred: 4/28/21**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. THE RELATIVE PRIORITY OF LIENS AND SECURITY INTERESTS OF WINGSPIRE, IN ITS CAPACITY AS PREPETITION ABL AGENT, AND BLUE TORCH, IN ITS CAPACITY AS PREPETITION TERM LOAN AGENT, ARE SET FORTH IN THE PREPETITION INTERCREDITOR AGREEMENT.

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

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE DEBTOR

\$132,432,302.83 UNKNOWN

Describe the lien

FIRST PRIORITY WITH RESPECT TO PREPETITION TERM PRIORITY COLLATERAL AND SECOND PRIORITY WITH RESPECT TO PREPETITION ABL PRIORITY COLLATERAL, AS SET FORTH IN MORE DETAIL IN THE PREPETITION INTERCREDITOR AGREEMENT AND APPLICABLE LOAN DOCUMENTS.

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 **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

2.2. **Creditor's name and address**

WINGSPIRE CAPITAL LLC
JOHN OLSEN
13010 MORRIS RD STE 175
ALPHARETTA GA 30004
JOLSEN@WINGSPIRECAPITAL.COM

Date debt was incurred: 4/28/21

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: 2.1

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE DEBTOR \$18,545,929.18 UNKNOWN

Describe the lien

FIRST PRIORITY WITH RESPECT TO PREPETITION ABL PRIORITY COLLATERAL AND SECOND PRIORITY WITH RESPECT TO PREPETITION TERM PRIORITY COLLATERAL, AS SET FORTH IN MORE DETAIL IN THE PREPETITION INTERCREDITOR AGREEMENT AND APPLICABLE LOAN DOCUMENTS.

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.** **\$150,978,232.01**

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.	BLUE TORCH FINANCE, LLC SEI - BLUE TORCH CAPITAL LOAN OPS 1 FREEDOM VLY DR OAKS PA 19456	Line 2.1	_____
3.2.	MCGUIRE WOODS BRIAN I SWETT 1251 AVENUE OF THE AMERICAS 20TH FLOOR NEW YORK NY 10020-1104	Line 2.2	_____
3.3.	MCGUIREWOODS DEMETRA LIGGINS HOUSTON TEXAS TOWER 845 TEXAS AVE 24TH FLOOR HOUSTON TX 77002	Line 2.2	_____

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.4.	MCGUIREWOODS SHAWN R. FOX 1251 AVENUE OF THE AMERICAS 20TH FLOOR NEW YORK NY 10020-1104	Line 2.2	_____
3.5.	MUNSCH HARDT KOPF & HARR PC DEBORAH M PERRY 500 N AKARD STREET SUITE 3800 DALLAS TX 75201-6659	Line 2.1	_____
3.6.	SCHULTE ROTH & ZABEL ADAM C HARRIS 919 THIRD AVENUE NEW YORK NY 10022	Line 2.1	_____
3.7.	SCHULTE ROTH & ZABEL LLP ABBIE WALSH;MATTHEW SUNDAY 919 THIRD AVENUE NEW YORK NY 10022	Line 2.1	_____

Fill in this information to identify the case:**Debtor name:** Symbol Mattress of Wisconsin, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 22-90025☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

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

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

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025****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 A TO Z PACKAGING ENTERPRISES, INC. 3605 SANDY PLAINS ROAD STE #240 MARIETTA GA 30066 Date or dates debt was incurred 4/20/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$41,573.50
3.2. Nonpriority creditor's name and mailing address ABF FREIGHT SYSTEMS P.O. BOX 10048 FORT SMITH AZ 72917 Date or dates debt was incurred 4/27/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$7,679.72
3.3. Nonpriority creditor's name and mailing address ADVANCE FIBER TECH. CORP. 344 LODIE STREET HACKENSACK NJ 07601-0000 Date or dates debt was incurred 3/25/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$9,958.11

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.4.	Nonpriority creditor's name and mailing address AMERICAN & EFIRD, INC. P.O. BOX 741988 ATLANTA GA 30374 Date or dates debt was incurred 5/17/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$23,477.79
3.5.	Nonpriority creditor's name and mailing address ARCBEST 11307 W ROGERS STREET WEST ALLIS WI 53227-1041 Date or dates debt was incurred 3/10/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$1,100.92
3.6.	Nonpriority creditor's name and mailing address ASHEBORO ELASTICS CORPORATION 150 NORTH PARK STREET P.O. BOX 1143 ASHEBORO NC 27203 Date or dates debt was incurred 5/31/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$2,131.66

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.7.	Nonpriority creditor's name and mailing address AVERITT EXPRESS INC P.O. BOX 102197 ATLANTA GA 30368-2197 Date or dates debt was incurred 5/19/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$2,050.12
3.8.	Nonpriority creditor's name and mailing address BEKAERTDESLEE USA INC. DEPT. 3785 P.O. BOX 123785 DALLAS TX 75312-3785 Date or dates debt was incurred 5/5/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$6,306.08
3.9.	Nonpriority creditor's name and mailing address BUCKEYE BUSINESS PRODUCTS INC. P.O. BOX 392340 CLEVELAND OH 44193 Date or dates debt was incurred 6/7/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$705.12

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3.10.	Nonpriority creditor's name and mailing address CAROLINA INDUSTRIAL RESOURCES 4303 OAK LEVEL ROAD ROCKY MOUNT NC 27803 Date or dates debt was incurred 6/1/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$7,006.08
3.11.	Nonpriority creditor's name and mailing address CARPENTER COMPANY P.O. BOX 27205 RICHMOND VA 23261 Date or dates debt was incurred 6/20/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$51,525.94
3.12.	Nonpriority creditor's name and mailing address CHARTER COMMUNICATIONS P.O. BOX 94188 PALATINE IL 60094-4188 Date or dates debt was incurred 6/23/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$327.98

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3.13.	Nonpriority creditor's name and mailing address CLEARCO PRODUCTS CO. INC. 15 YORK ROAD WILLOW GROVE PA 19090 Date or dates debt was incurred 4/6/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$2,200.00
3.14.	Nonpriority creditor's name and mailing address CNA INSURANCE COMPANY CNA INSURANCE COMPANY ATTN LEGAL DEPT 33 S WABASH CHICAGO IL 60604 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUM FINANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.15.	Nonpriority creditor's name and mailing address COLONIAL, LLC P O BOX 148 HIGH POINT NC 27261 Date or dates debt was incurred 3/17/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$638.81

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3.16.	Nonpriority creditor's name and mailing address COMMERCE TECHNOLOGIES, LLC 25736 NETWORK PLACE CHICAGO IL 60673-1257 Date or dates debt was incurred 4/30/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$397.90
3.17.	Nonpriority creditor's name and mailing address COMPLETE OFFICE OF WISCONSIN P.O. BOX 640 GERMANTOWN WI 53022 Date or dates debt was incurred 5/9/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$253.52
3.18.	Nonpriority creditor's name and mailing address COMPRESSED AIR TECHNOLOGY, INC. P O BOX 697 MARSHALL WI 53559-0000 Date or dates debt was incurred 2/14/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$3,468.40

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3.19.	Nonpriority creditor's name and mailing address CORSIANA MATTRESS BEDDING LLC 3001 S US HWY 287 CORSICANA TX 75109 Date or dates debt was incurred ONGOING SINCE SALE 4/28/2021 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INTERCOMPANY Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Amount of claim \$2,782,289.88
3.20.	Nonpriority creditor's name and mailing address CORSICANA MATTRESS CONNECTICUT 353 ALUMNI ROAD NEWINGTON CT 06111 Date or dates debt was incurred 6/26/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$239.60
3.21.	Nonpriority creditor's name and mailing address CORSICANA MATTRESS INDIANA 755 S. 500 WEST LA PORTE IN 46350 Date or dates debt was incurred 5/31/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$88,753.19

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3.22.	Nonpriority creditor's name and mailing address CORSICANA MATTRESS TENNESSEE 1 CEDAR KING ROAD SHELBYVILLE TN 37160 Date or dates debt was incurred 5/12/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$4,528.72
3.23.	Nonpriority creditor's name and mailing address CT NASSAU TAPE LLC P O BOX 39 ALAMANCE NC 27201-0000 Date or dates debt was incurred 5/20/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$12,387.30
3.24.	Nonpriority creditor's name and mailing address CULP INC P O BOX 751007 CHARLOTTE NC 28275-0000 Date or dates debt was incurred 6/29/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$115,986.68

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3.25.	Nonpriority creditor's name and mailing address DIAMOND NEEDLE CORP 60 COMMERCE ROAD CARLSTATDT NJ 07072-0000 Date or dates debt was incurred 1/31/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$1,757.62
3.26.	Nonpriority creditor's name and mailing address EIS INC. P.O. BOX 734768 CHICAGO IL 60673-4768 Date or dates debt was incurred 2/8/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$7,132.50
3.27.	Nonpriority creditor's name and mailing address ESTES EXPRESS LINES P O BOX 105160 ATLANTA GA 30348-5160 Date or dates debt was incurred 4/4/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$4,253.91

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3.28.	Nonpriority creditor's name and mailing address FXI, INC. INNOCOR COLLECTIONS P.O. BOX 747067 ATLANTA GA 30374-7067 Date or dates debt was incurred 5/9/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$632,658.72
3.29.	Nonpriority creditor's name and mailing address GLOBAL TEXTILE ALLIANCE, INC 2361 HOLIDAY LOOP ROAD REIDSVILLE NC 27320-0000 Date or dates debt was incurred 4/26/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$6,409.29
3.30.	Nonpriority creditor's name and mailing address GRAINGER, INC. DEPT 831667035 PALATINE IL 60038-0001 Date or dates debt was incurred 2/24/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$1,702.98

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3.31.	Nonpriority creditor's name and mailing address GREEN BAY PACKAGING INC. BIN NO.53139 MILWAUKEE WI 53288-0000 Date or dates debt was incurred 4/12/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$33,076.31
3.32.	Nonpriority creditor's name and mailing address HANES CONVERTING COMPANY (L&P FINANCIAL SVC) PO BOX 60984 CHARLOTTE NC 28260-0000 Date or dates debt was incurred 5/20/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$11,456.04
3.33.	Nonpriority creditor's name and mailing address J & L TIRE INC 855 LINMAR LANE JOHNSON CREEK WI 53038-0000 Date or dates debt was incurred 2/25/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$101.88

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3.34.	Nonpriority creditor's name and mailing address JAYHAWK PLASTICS, INC. 15285 SOUTH KEELER OLATHE KS 66062 Date or dates debt was incurred 3/29/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$2,101.76
3.35.	Nonpriority creditor's name and mailing address JONES FIBER PRODUCTS LLC P O BOX 385 HUMBOLDT TN 38343-0000 Date or dates debt was incurred 5/5/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$83,305.28
3.36.	Nonpriority creditor's name and mailing address LAVA EXPERTS IN KNITTING 55 SLEEPY TIME DRIVE WATERLOO SC 20384-0000 Date or dates debt was incurred 4/6/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$46,861.00

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3.37.	Nonpriority creditor's name and mailing address LEGGETT & PLATT INCORPORATED P.O. BOX 538385 ATLANTA GA 30353-8385 Date or dates debt was incurred 2/11/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$263,952.23
3.38.	Nonpriority creditor's name and mailing address LES TRICOTS MAXIME INC 19500 AVE CLARK GRAHAM BAIE D URFE QC H9X 3R8 CANADA Date or dates debt was incurred 5/20/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$6,266.19
3.39.	Nonpriority creditor's name and mailing address LOGICDATA NORTH AMERICA, INC. 5300 BROADMOOR SUITE D GRAND RAPIDS MI 49512 Date or dates debt was incurred 4/28/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$48,545.00

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3.40.	Nonpriority creditor's name and mailing address MCMASTER-CARR SUPPLY CO. P O BOX 7690 CHICAGO IL 60680-0000 Date or dates debt was incurred 3/30/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$409.45
3.41.	Nonpriority creditor's name and mailing address MURPHY BED CENTER OF DAYTONA 752 S. YONGE STREET ORMOND BEACH FL 32174 Date or dates debt was incurred 5/23/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$120.59
3.42.	Nonpriority creditor's name and mailing address NUTEX CONCEPTS P.O. BOX 600062 RALEIGH NC 27675-6062 Date or dates debt was incurred 4/25/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$2,827.02

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3.43.	Nonpriority creditor's name and mailing address OLD DOMINION FREIGHT LINE INC P.O. BOX 198475 ATLANTA GA 30384-8475 Date or dates debt was incurred 4/4/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$136.83
3.44.	Nonpriority creditor's name and mailing address PEOPLES PREMIUM FINANCE 600 SW JEFFERSON STREET LEE'S SUMMIT MO 64063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUM FINANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.45.	Nonpriority creditor's name and mailing address PIONEER & LEGEND CANADA LTD 387 LIMESTONE CRES NORTH YORK ON M3J 2R1 CANADA Date or dates debt was incurred 5/19/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$106,357.97

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3.46.	Nonpriority creditor's name and mailing address PRECISION FABRICS GROUP INC P O BOX 60944 CHARLOTTE NC 28260 Date or dates debt was incurred 3/25/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$6,300.00
3.47.	Nonpriority creditor's name and mailing address PRECISION TEXTILES LLC P.O. BO X 1036 CHARLOTTE NC 28201-1036 Date or dates debt was incurred 5/31/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$16,656.25
3.48.	Nonpriority creditor's name and mailing address PROFORMA P.O. BOX 640814 CINCINNATI OH 45264-0814 Date or dates debt was incurred 6/23/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$548.98

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3.49.	Nonpriority creditor's name and mailing address PURECARE 1402 S 40TH AVENUE PHOENIX AZ 85009 Date or dates debt was incurred 5/20/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$249.39
3.50.	Nonpriority creditor's name and mailing address REVERE ELECTRIC SUPPLY CO. 8218 SOLUTIONS CENTER CHICAGO IL 60677-8002 Date or dates debt was incurred 5/19/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$287.89
3.51.	Nonpriority creditor's name and mailing address SABA NORTH AMERICA LLC 2237 WADHAMS ROAD KIMBALL MI 48074 Date or dates debt was incurred 6/23/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$609.53

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3.52.	Nonpriority creditor's name and mailing address SAFETY PRODUCTS INC P.O. BOX 1688 EATON PARK FL 33840 Date or dates debt was incurred 5/18/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$86.12
3.53.	Nonpriority creditor's name and mailing address SCHNEIDER NATIONAL INC. 2567 PAYSPHERE CIRCLE CHICAGO IL 60674 Date or dates debt was incurred 6/16/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$70,129.46
3.54.	Nonpriority creditor's name and mailing address SIMMONS KNIFE & SAW DBA SIMMONS ENG 400 REGENCY DRIVE GLENDALE HEIGHTS IL 60139 Date or dates debt was incurred 6/21/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$757.92

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3.55.	Nonpriority creditor's name and mailing address SOUTHERN CARLSON FASTENING PACKAGI P.O. BOX 744372 ATLANTA GA 30374-4372 Date or dates debt was incurred 4/27/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$10,844.60
3.56.	Nonpriority creditor's name and mailing address STANDARD FIBER, LLC. 577 AIRPORT BLVD SUITE 200 BURLINGAME CA 94010 Date or dates debt was incurred 5/3/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$55,205.56
3.57.	Nonpriority creditor's name and mailing address STEEL CITY BEDFRAME, LLC 3161 W. REPUBLIC ROAD SPRINGFIELD MO 65807 Date or dates debt was incurred 1/27/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$29,847.60

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.58.	Nonpriority creditor's name and mailing address SUMMIT LOGISTICS SERVICES, LLC P.O. BOX 409 FORT ATKINSON WI 53538 Date or dates debt was incurred 5/3/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$30,225.00
3.59.	Nonpriority creditor's name and mailing address SUNBELT RENTALS, INC. P O BOX 409211 ATLANTA GA 30384-9211 Date or dates debt was incurred 5/5/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$1,327.14
3.60.	Nonpriority creditor's name and mailing address TALALAY GLOBAL INC P.O. BOX 638897 CINCINNATI OH 45263-8897 Date or dates debt was incurred 3/23/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$75,835.52

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.61.	Nonpriority creditor's name and mailing address TFORCE FREIGHT 28013 NETWORK PLACE CHICAGO IL 60673-1280 Date or dates debt was incurred 1/10/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$16,334.20
3.62.	Nonpriority creditor's name and mailing address THE COBURN COMPANY INC. 1170 UNIVERSAL BLVD., PO BOX 147 WHITEWATER WI 53190 Date or dates debt was incurred 4/11/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$8,096.62
3.63.	Nonpriority creditor's name and mailing address TRAVELERS ATTN LEGAL DEPT 1 TOWER SQ HARTFORD CT 06183-0003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUM FINANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.64.	Nonpriority creditor's name and mailing address TRAVELERS ATTN LEGAL DEPT 1 TOWER SQ HARTFORD CT 06183-0003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUM FINANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.65.	Nonpriority creditor's name and mailing address TRAVERO LOGISTICS, LLC 2020 LEFEBURE ROAD FAIRFAX IA 52228 Date or dates debt was incurred 4/20/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$25,170.00
3.66.	Nonpriority creditor's name and mailing address TWE NONWOVENS US INC. 2215 SHORE STREET HIGH POINT NC 27263 Date or dates debt was incurred 4/29/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$46,887.63

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.67.	Nonpriority creditor's name and mailing address UFP 2829 SEA HARBOR ROAD DALLAS TX 75212 Date or dates debt was incurred 2/17/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$452,267.55
3.68.	Nonpriority creditor's name and mailing address ULINE INC P.O. BOX 88741 CHICAGO IL 60680-1741 Date or dates debt was incurred 4/21/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$6,228.46
3.69.	Nonpriority creditor's name and mailing address UNITED PARCEL SERVICE P O BOX 809488 CHICAGO IL 60680-9488 Date or dates debt was incurred 6/11/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$569.03

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.70.	Nonpriority creditor's name and mailing address UNITED STATES ALLIANCE FIRE PROTECT P.O. BOX 74008409 CHICAGO IL 60674-8409 Date or dates debt was incurred 6/21/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$435.00
3.71.	Nonpriority creditor's name and mailing address UT+C 745 KENTUCK ROAD DANVILLE VA 24540 Date or dates debt was incurred 11/9/2021 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$722,609.44
3.72.	Nonpriority creditor's name and mailing address W. SILVER, INC. 9059 DONIPHAN DRIVE VINTON TX 79821 Date or dates debt was incurred 6/3/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$5,983.20

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.73.	Nonpriority creditor's name and mailing address WANGARD PARTNERS INC. 1200 N. MAYFAIR RD, SUITE 310 MILWAUKEE WI 53226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$11,403.06
	Date or dates debt was incurred 6/1/2022	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	
3.74.	Nonpriority creditor's name and mailing address WEBBMASON MARKETING 10830 GILROY ROAD HUNT VALLEY MD 21031	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$86.22
	Date or dates debt was incurred 5/25/2022	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	
3.75.	Nonpriority creditor's name and mailing address WOLTER, INC 3125 INTERTECH DR. BROOKFIELD WI 53045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$1,281.63
	Date or dates debt was incurred 5/31/2022	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	

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.76.	Nonpriority creditor's name and mailing address WRIGHT OF THOMASVILLE P.O. BOX 306186 NASHVILLE TN 37230-6186 Date or dates debt was incurred 4/28/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$6,513.23
3.77.	Nonpriority creditor's name and mailing address XPO LOGISTICS FREIGHT, INC. 29559 NETWORK PL CHICAGO IL 60673-1295 Date or dates debt was incurred 3/31/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$8,297.62
3.78.	Nonpriority creditor's name and mailing address YELLOW DIAMOND CONSULTS LLC DBA COW 7690 TREERIDGE CT ATLANTA GA 30350 Date or dates debt was incurred 6/15/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$3,200.00

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

3.79.	Nonpriority creditor's name and mailing address YILMAR DIS TICARET LTD STI DOSAB ALL OSMAN CADNO.25 SONMEZ CADBURSA 16369 TURKEY Date or dates debt was incurred 1/5/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$71,744.00
3.80.	Nonpriority creditor's name and mailing address ZONKD, INC (FORMERLY DOLVEN ENTER 1317 TRANSPORT DRIVE RALEIGH NC 27603 Date or dates debt was incurred 6/14/2022 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input 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 \$4,123.95

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025****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
TWE NONWOVENS US INC ANITA HUFFMAN, CORPORATE FINANCE DIRECTOR 2215 SHORE ST. HIGH POINT NC 27263	Part 2 line 3.66	_____
YILMAR DIS TICARET LTD SIRKETI EYVAS YILMAZ, COMPANY MANAGER DEMIRTAS DUMLUPINAR OSB MAH.FESLEGEN SOK. NO. 11/1 OSMANGAZI BURSA TURKEY	Part 2 line 3.79	_____

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025****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.		\$0.00
5b. Total claims from Part 2	5b.	+	\$6,114,561.39
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		\$6,114,561.39

Fill in this information to identify the case:**Debtor name:** Symbol Mattress of Wisconsin, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 22-90025☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

2.	List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1.	Title of contract ORDER FORM NO. 1 AND AMENDMENT TO ORDER FORM NO. 1 State what the contract or lease is for ONLINE MERCHANT SERVICES Nature of debtor's interest CREDIT CARD PROCESSING State the term remaining ONGOING 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 AFFIRM, INC. 650 CALIFORNIA STREET. 12TH FLOOR SAN FRANCISCO CA 94108
2.2.	Title of contract BUSINESS INSURANCE POLICY State what the contract or lease is for PRIMARY MANAGEMENT LIABILITY - POLICY NO. USF00934622 Nature of debtor's interest INSURED State the term remaining 2/12/2023 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ALLIANZ GLOBAL RISK US INSURANCE COMPANY THOMAS VILLAROSA 28 LIBERTY STREET 25TH FLOOR NEW YORK NY 10005
2.3.	Title of contract BUSINESS INSURANCE POLICY State what the contract or lease is for EXCESS D&O - POLICY NO. ANV152226A Nature of debtor's interest INSURED State the term remaining 2/12/2023 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ASSOCIATED INDUSTRIES INSURANCE CO, INC. R-T SPECIALTY LLC 180 N. STETSON AVENUE SUITE 4600 CHICAGO IL 60601

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

- 2.4. **Title of contract** BUSINESS INSURANCE 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** EXCESS D&O - POLICY NO. P-001-000518200-02
- Nature of debtor's interest** INSURED **AXIS INSURANCE CO.**
- State the term remaining** 2/12/2023 **111 SOUTH WACKER DRIVE**
- List the contract number of any government contract** _____ **CHICAGO IL 60606**
- 2.5. **Title of contract** BUSINESS INSURANCE 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** WINDSTORM DEDUCTIBLE BUYBACK - POLICY NO. 1104-359893
- Nature of debtor's interest** INSURED **CERTAIN UNDERWRITERS AT LLOYDS**
- State the term remaining** 9/29/2022 **1 LIME ST**
- List the contract number of any government contract** _____ **LONDON EC3M 7HA**
- UNITED KINGDOM**
- 2.6. **Title of contract** PREMIUM FINANCING **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** FINANCING OF INSURANCE
- Nature of debtor's interest** _____ **CNA INSURANCE COMPANY**
- State the term remaining** _____ **CNA INSURANCE COMPANY**
- List the contract number of any government contract** _____ **ATTN LEGAL DEPT**
- CHICAGO IL 60604**
- 2.7. **Title of contract** BUSINESS INSURANCE 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** STORAGE TANK THIRD-PARTY LIABILITY, CORRECTIVE ACTION AND CLEANUP COSTS - POLICY NO. 003033829
- Nature of debtor's interest** INSURED **COMMERCE AND INDUSTRY INSURANCE COMPANY**
- State the term remaining** 3/3/2023 **ATTN LEGAL DEPT**
- List the contract number of any government contract** _____ **1271 AVENUE OF THE AMERICAS**
- NEW YORK NY 10020-1304**
- 2.8. **Title of contract** BUSINESS INSURANCE 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** UMBRELLA - POLICY NO. 6020740105
- Nature of debtor's interest** INSURED **CONTINENTAL INSURANCE COMPANY**
- State the term remaining** 9/29/2022 **151 NORTH FRANKLIN ST**
- List the contract number of any government contract** _____ **CHICAGO IL 60606**

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

- | | | | |
|-------|---|--|--|
| 2.9. | 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 | BUSINESS INSURANCE POLICY
ENVIRONMENTAL SITE LIABILITY - POLICY NO. PRE 3342396 01
INSURED
9/29/2025
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
GREAT AMERICAN INSURANCE COMPANY
ADMINISTRATIVE OFFICES
GREAT AMERICAN TOWER AT
QUEEN CITY SQUARE
301 E 4TH ST
CINNCINATI OH 45202 |
| 2.10. | 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 | LEASE AGREEMENT BETWEEN NL VENTURES XI WATERTOWN, L.L.C. AS LESSOR AND SYMBOL MATTRESS OF WISCONSIN AND EASTERN SLEEP PRODUCTS COMPANY, COLLECTIVELY, JOINTLY AND SEVERALLY, AS LESSEE
S. 12TH STREET, WATERTOWN, WISCONSIN - PLANT LEASE
LESSOR OF REAL PROPERTY
LEASE EXPIRES APRIL 30, 2036
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NET LEASE-POOL 3 LLC DBA MTP
1100 S 12TH ST LLC
JESSY VOLPE
SOMERA ROAD 130 W 42ND ST FL 22
NEW YORK NY 10036 |
| 2.11. | 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 | BUSINESS INSURANCE POLICY
EXCESS D&O - POLICY NO. OSIC-410-DOX-1-2022-1
INSURED
2/12/2023
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
OBSIDIAN SPECIALTY INSURANCE COMPANY
R-T SPECIALTY LLC
180 N. STETSON AVENUE
SUITE 4600
CHICAGO IL 60601 |
| 2.12. | 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 | ACCT: 1104-359893 - CORSICANA INVESTORS LLC
PREMIUM FINANCING
FINANCING OF INSURANCE
7/29/22
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PEOPLES PREMIUM FINANCE
JOHN BINAGGIO
600 SW JEFFERSON SUITE 204
LEE'S SUMMIT MO 64063 |
| 2.13. | 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 | BUSINESS INSURANCE POLICY
AUTOMOBILE - POLICY NO. BA-OP957391-21-14
INSURED
9/29/2022
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
PHOENIX INSURANCE COMPANY
205 MAIN STREET
CHESTER NJ 07930 |

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

- 2.14. **Title of contract** BUSINESS INSURANCE 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** EXCESS D&O - POLICY NO. D72808221ASP
- Nature of debtor's interest** INSURED **STARSTONE SPECIALTY INSURANCE COMPANY**
- State the term remaining** 2/12/2023 **R-T SPECIALTY LLC**
- List the contract number of any government contract** _____ **180 N. STETSON AVENUE**
- _____ **SUITE 4600**
- _____ **CHICAGO IL 60601**
- 2.15. **Title of contract** PREMIUM FINANCING **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** FINANCING OF INSURANCE
- Nature of debtor's interest** _____ **TRAVELERS**
- State the term remaining** _____ **ATTN LEGAL DEPT**
- List the contract number of any government contract** _____ **1 TOWER SQ**
- _____ **HARTFORD CT 06183-0003**
- 2.16. **Title of contract** PREMIUM FINANCING **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** FINANCING OF INSURANCE
- Nature of debtor's interest** _____ **TRAVELERS**
- State the term remaining** _____ **ATTN LEGAL DEPT**
- List the contract number of any government contract** _____ **1 TOWER SQ**
- _____ **HARTFORD CT 06183-0003**
- 2.17. **Title of contract** BUSINESS INSURANCE 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** PROPERTY - POLICY NO. 660-0P950549-21-14;
- Nature of debtor's interest** INSURED **TRAVELERS INDEMNITY CORPORATION OF AMERICA**
- State the term remaining** 9/29/2022 **1 TOWER SQ**
- List the contract number of any government contract** _____ **HARTFORD CT 06183-0003**
- 2.18. **Title of contract** BUSINESS INSURANCE 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** GENERAL LIABILITY - POLICY NO. 660-0P950549-21-14
- Nature of debtor's interest** INSURED **TRAVELERS INDEMNITY CORPORATION OF AMERICA**
- State the term remaining** 9/29/2022 **1 TOWER SQ**
- List the contract number of any government contract** _____ **HARTFORD CT 06183-0003**
- _____

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

- 2.19. **Title of contract** BUSINESS INSURANCE 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** EXCESS LIABILITY - POLICY NO. 6S129831-EX
- Nature of debtor's interest** INSURED TRAVELERS PROPERTY AND CASUALTY COMPANY OF AMERICA
1 TOWER SQ
HARTFORD CT 06183-0003
- State the term remaining** 9/29/2022
- List the contract number of any government contract** _____
-
- 2.20. **Title of contract** BUSINESS INSURANCE 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** WORKER'S COMPENSATION - POLICY NO. UB-7R704054-21-14
- Nature of debtor's interest** INSURED VARIOUS TRAVELERS SUBSIDIARIES INCLUDING THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA, THE PHOENIX INSURANCE COMPANY, AND OTHERS
TRAVELERS INDEMNITY COMPANY OF CONNECTICUT
1 TOWER SQ
HARTFORD CT 06183-0003
- State the term remaining** 9/29/2022
- List the contract number of any government contract** _____
-
- 2.21. **Title of contract** XTRA LEASE TRAILER U83733 **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** 53' TRAILER
- Nature of debtor's interest** LESSOR OF EQUIPMENT XTRA LEASE
7911 FORSYTH BLVD STE 600
SAINT LOUIS MO 63105
- State the term remaining** UNKNOWN
- List the contract number of any government contract** _____

Fill in this information to identify the case:**Debtor name:** Symbol Mattress of Wisconsin, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 22-90025☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

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

1. Does the debtor have any codebtors?

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

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. CHESTERFIELD LANDCO, L.L.C	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. CHESTERFIELD LANDCO, L.L.C	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3. CORSICANA BEDDING, LLC	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4. CORSICANA BEDDING, LLC	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5. CORSICANA OPERATING CO., LLC	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6. CORSICANA OPERATING CO., LLC	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. CORSICANA PARENT CO., LLC	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8. CORSICANA PARENT CO., LLC	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9. EASTERN SLEEP PRODUCTS COMPANY	P.O. BOX 3233 FT. WORTH TX 76113	NL VENTURES XI WATERTOWN, L.L.C.	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.10. EASTERN SLEEP PRODUCTS COMPANY	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11. EASTERN SLEEP PRODUCTS COMPANY	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12. EASTERN SLEEP-FORT WAYNE, LLC	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13. EASTERN SLEEP-FORT WAYNE, LLC	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14. EASTERN SLEEP-POINCIANA, LLC	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.15. EASTERN SLEEP-POINCIANA, LLC	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16. ENGLANDER-SYMBOL MATTRESS OF MISSISSIPPI, LLC	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17. ENGLANDER-SYMBOL MATTRESS OF MISSISSIPPI, LLC	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.18. HYLTON HOUSE FURNITURE, INC.	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19. HYLTON HOUSE FURNITURE, INC.	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.20. LUUF, LLC	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.21. LUUF, LLC	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.22. MASTER CRAFT SLEEP PRODUCTS, INC.	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.23. MASTER CRAFT SLEEP PRODUCTS, INC.	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.24. OLIVE BRANCH BUILDING, LLC	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.25. OLIVE BRANCH BUILDING, LLC	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.26. SYMBOL MATTRESS - LAS VEGAS, LLC	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.27. SYMBOL MATTRESS - LAS VEGAS, LLC	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Symbol Mattress of Wisconsin, Inc.**Case number (if known) **22-90025**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.28. SYMBOL MATTRESS OF FLORIDA, INC.	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.29. SYMBOL MATTRESS OF FLORIDA, INC.	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30. SYMBOL MATTRESS OF PENNSYLVANIA, INC.	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.31. SYMBOL MATTRESS OF PENNSYLVANIA, INC.	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.32. SYMBOL MATTRESS TRANSPORTATION, INC.	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.33. SYMBOL MATTRESS TRANSPORTATION, INC.	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.34. THETFORD LEASING LLC	P.O. BOX 3233 FT. WORTH TX 76113	BLUE TORCH FINANCE, LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.35. THETFORD LEASING LLC	P.O. BOX 3233 FT. WORTH TX 76113	WINGSPIRE CAPITAL LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:**Debtor name:** Symbol Mattress of Wisconsin, Inc.**United States Bankruptcy Court for the:** Northern District of Texas**Case number (if known):** 22-90025Official 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 7/18/2022
MM/DD/YYYY

x

/s/ Michael Juniper

Signature of individual signing on behalf of debtor

Michael Juniper
Printed name

Chief Restructuring Officer
Position or relationship to debtor