

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

**Debtor name:** Chiala LLC

**United States Bankruptcy Court for the:** Northern District of California

**Case number (if known):** 24-50216

☒ 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.

**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**

RABO AGRIFINANCE LLC  
AS ADMINISTRATIVE AGENT  
ROGER BECKER  
14767 NORTH OUTER 40 RD  
STE 400  
CHESTERFIELD MO 63017

**Creditor's email address, if known****Date debt was incurred:** November 15, 2022**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: \_\_\_\_\_**Describe debtor's property that is subject to a lien**

GUARANTOR'S REAL PROPERTY & OTHER ASSETS

**Describe the lien**

UCC-1 RECORDED IN SOLANO COUNTY, CA 11/16/2022 AS DOCUMENT NO. 20220073024, UCC-1 RECORDED IN CA SOS 11/21/2022 AS DOCUMENT NO. U220245754033 AND DEED OF TRUST, ASSIGNMENT OF LEASES AND RENTS, SECURITY AGREEMENT AND FIXTURE FILING RECORDED IN SOLANO COUNTY 11/16/2022 AS DOCUMENT NO. 202200073023

**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.****\$161,000,000.00****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. | FENNEMORE DOWLING AARON<br>DON J. POOL<br>8080 N PALM AVE., 3RD FLOOR<br>P.O. BOX 28902<br>FRESNO CA 93729-8902      | Line 2.1                                                    | _____                                           |
| 3.2. | FENNEMORE DOWLING AARON<br>J. JACKSON WASTE<br>8080 N PALM AVE., 3RD FLOOR<br>P.O. BOX 28902<br>FRESNO CA 93729-8902 | Line 2.1                                                    | _____                                           |

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

Debtor name: Chiala LLC

United States Bankruptcy Court for the: Northern District of California

Case number (if known): 24-50216

☒ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

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

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

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

| 2.   | List all contracts and unexpired leases                                                                                                                                                                                                                                                                                                 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease                                                                                                                   |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1. | <p><b>Title of contract</b> COMMERCIAL BUSINESS INSURANCE</p> <p><b>State what the contract or lease is for</b> POLLUTION LIABILITY, POLICY NO. 0309-5789</p> <p><b>Nature of debtor's interest</b> INSURED</p> <p><b>State the term remaining</b> 5/01/24</p> <p><b>List the contract number of any government contract</b> _____</p>  | <p>ALLIED WORLD NATIONAL ASSURANCE COMPANY<br/>199 WATER STREET<br/>NEW YORK NY 10038</p>                                                                                                                                                    |
| 2.2. | <p><b>Title of contract</b> COMMERCIAL BUSINESS INSURANCE</p> <p><b>State what the contract or lease is for</b> EXCESS LIABILITY, POLICY NO. APX2101010-03</p> <p><b>Nature of debtor's interest</b> INSURED</p> <p><b>State the term remaining</b> 3/31/24</p> <p><b>List the contract number of any government contract</b> _____</p> | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>CAPITOL SPECIALTY INSURANCE CORPORATION<br/>1600 ASPEN COMMONS<br/>SUITE 300<br/>MIDDLETON WI 53562</p> |
| 2.3. | <p><b>Title of contract</b> RENEWAL ORDER FORM</p> <p><b>State what the contract or lease is for</b> SOFTWARE SUBSCRIPTION</p> <p><b>Nature of debtor's interest</b> _____</p> <p><b>State the term remaining</b> 11/08/24</p> <p><b>List the contract number of any government contract</b> _____</p>                                  | <p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>EGNYTE, INC.<br/>1350 W. MIDDLEFIELD RD<br/>MOUNTAIN VIEW CA 94043</p>                                  |

- 2.4. **Title of contract** COMMERCIAL BUSINESS INSURANCE  
**State what the contract or lease is for** EXCESS LIABILITY, POLICY NO. ML4262627-2  
**Nature of debtor's interest** INSURED  
**State the term remaining** 3/31/24  
**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**  
HOUSTON SPECIALTY INSURANCE CO  
800 GESSNER RD STE 600  
HOUSTON TX 77024
- 2.5. **Title of contract** RETAIL INSTALLMENT SALE CONTRACT  
**State what the contract or lease is for** VEHICLE FINANCING  
**Nature of debtor's interest** \_\_\_\_\_  
**State the term remaining** 12/22/27  
**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**  
JIM BURKE FORD  
2001 OAK STREET  
BAKERSFIELD CA 93301
- 2.6. **Title of contract** COMMERCIAL BUSINESS INSURANCE  
**State what the contract or lease is for** CASUALTY/PROPERTY REPLACEMENT, POLICY NO. 7003T849905  
**Nature of debtor's interest** INSURED  
**State the term remaining** 5/13/24  
**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**  
MARSH & MCLENNAN AGENCY LLC  
360 HAMILTON AVENUE  
SUITE 930  
WHITE PLAINS NY 10601
- 2.7. **Title of contract** COMMERCIAL BUSINESS INSURANCE  
**State what the contract or lease is for** LIABILITY, POLICY NO. 7003T849905  
**Nature of debtor's interest** INSURED  
**State the term remaining** 5/13/24  
**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**  
MARSH & MCLENNAN AGENCY LLC  
360 HAMILTON AVENUE  
SUITE 930  
WHITE PLAINS NY 10601
- 2.8. **Title of contract** COMMERCIAL BUSINESS INSURANCE  
**State what the contract or lease is for** WORKER'S COMPENSATION, POLICY NO. FG5 2072607211  
**Nature of debtor's interest** INSURED  
**State the term remaining** \_\_\_\_\_  
**List the contract number of any government contract** \_\_\_\_\_
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**  
MARSH & MCLENNAN AGENCY LLC  
360 HAMILTON AVENUE  
SUITE 930  
WHITE PLAINS NY 10601

- |       |                                                            |                                                          |                                                                                                                                                                                                                                   |
|-------|------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.9.  | <b>Title of contract</b>                                   | COMMERCIAL BUSINESS INSURANCE                            | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>MARSH & MCLENNAN AGENCY LLC<br>360 HAMILTON AVENUE<br>SUITE 930<br>WHITE PLAINS NY 10601 |
|       | <b>State what the contract or lease is for</b>             | OTHER:, POLICY NO. BA3T850025 EX3T850222 & XC1EX00918231 |                                                                                                                                                                                                                                   |
|       | <b>Nature of debtor's interest</b>                         | INSURED                                                  |                                                                                                                                                                                                                                   |
|       | <b>State the term remaining</b>                            | 5/13/24                                                  |                                                                                                                                                                                                                                   |
|       | <b>List the contract number of any government contract</b> | _____                                                    |                                                                                                                                                                                                                                   |
|       |                                                            |                                                          |                                                                                                                                                                                                                                   |
| 2.10. | <b>Title of contract</b>                                   | COMMERCIAL BUSINESS INSURANCE                            | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>MARSH USA INC<br>PO BOX 846112<br>DALLAS TX 75284-6112                                   |
|       | <b>State what the contract or lease is for</b>             | COMMERCIAL CRIME, POLICY NO. 8242-7527                   |                                                                                                                                                                                                                                   |
|       | <b>Nature of debtor's interest</b>                         | INSURED                                                  |                                                                                                                                                                                                                                   |
|       | <b>State the term remaining</b>                            | 3/31/24                                                  |                                                                                                                                                                                                                                   |
|       | <b>List the contract number of any government contract</b> | _____                                                    |                                                                                                                                                                                                                                   |
|       |                                                            |                                                          |                                                                                                                                                                                                                                   |
| 2.11. | <b>Title of contract</b>                                   | SUBSCRIPTION SERVICES AGREEMENT                          | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>ORACLE AMERICA, INC.<br>500 ORACLE PARKWAY<br>REDWOOD SHORES CA 94065                    |
|       | <b>State what the contract or lease is for</b>             | SOFTWARE SUBSCRIPTION                                    |                                                                                                                                                                                                                                   |
|       | <b>Nature of debtor's interest</b>                         | _____                                                    |                                                                                                                                                                                                                                   |
|       | <b>State the term remaining</b>                            | UNDETERMINED                                             |                                                                                                                                                                                                                                   |
|       | <b>List the contract number of any government contract</b> | _____                                                    |                                                                                                                                                                                                                                   |
|       |                                                            |                                                          |                                                                                                                                                                                                                                   |
| 2.12. | <b>Title of contract</b>                                   | COMMERCIAL BUSINESS INSURANCE                            | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>R-T SPECIALTY, LLC<br>540 W. MADISON ST., 9TH FL<br>CHICAGO IL 60661                     |
|       | <b>State what the contract or lease is for</b>             | GPL E&O, POLICY NO. ML4262627-2                          |                                                                                                                                                                                                                                   |
|       | <b>Nature of debtor's interest</b>                         | INSURED                                                  |                                                                                                                                                                                                                                   |
|       | <b>State the term remaining</b>                            | 3/31/24                                                  |                                                                                                                                                                                                                                   |
|       | <b>List the contract number of any government contract</b> | _____                                                    |                                                                                                                                                                                                                                   |
|       |                                                            |                                                          |                                                                                                                                                                                                                                   |
| 2.13. | <b>Title of contract</b>                                   | COMMERCIAL BUSINESS INSURANCE                            | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b><br><br>SCOTTSDALE INSURANCE CO<br>ONE NATIONWIDE PLZ<br>COLUMBUS OH 43215                       |
|       | <b>State what the contract or lease is for</b>             | EMPLOYMENT PRACTICES, POLICY NO. EKS3473256              |                                                                                                                                                                                                                                   |
|       | <b>Nature of debtor's interest</b>                         | INSURED                                                  |                                                                                                                                                                                                                                   |
|       | <b>State the term remaining</b>                            | 3/31/24                                                  |                                                                                                                                                                                                                                   |
|       | <b>List the contract number of any government contract</b> | _____                                                    |                                                                                                                                                                                                                                   |

Debtor **Chiala LLC**

Case number (if known) **24-50216**

2.14. **Title of contract** CUSTOM PROCESSING AND MARKETING AGREEMENT

**State what the contract or lease is for** ALMOND PROCESSING AND MARKETING

**Nature of debtor's interest** \_\_\_\_\_

**State the term remaining** 12/31/27

**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**

THE ALMOND COMPANY  
2900 AIRPORT DR.  
MADERA CA 93637

# **Attachment 1**

The below describes the changes made in the amended schedules of assets and liabilities filed on May 13, 2024, in the cases jointly administered under the caption *In re Trinitas Advantaged Agriculture Partners IV, LP*, Case No. 24-50211. None of these changes to the schedules affect the consolidated creditor matrix previously filed with the Court.

**Trinitas Advantaged Agriculture Partners IV, LP (Case No. 24-50211 (Lead Case))**

- The following creditor was moved from Schedule E/F of Trinitas Farming, LLC, to Schedule E/F of Trinitas Advantaged Agriculture Partners IV, LP:
  - FIRST NATIONAL BANK OF OMAHA  
1620 DODGE STREET  
OMAHA, NE 68197
- The claim of the following creditor was moved from Schedule D to Schedule E/F:
  - AMERICAN AGCREDIT, FLCA  
400 AVIATION BLVD  
STE 100  
SANTA ROSA, CA 95403

**Trinitas Farming, LLC (Case No. 24-50210)**

- The following creditor was moved from Schedule E/F of Trinitas Farming, LLC, to Schedule E/F of Trinitas Advantaged Agriculture Partners IV, LP:
  - FIRST NATIONAL BANK OF OMAHA  
1620 DODGE STREET  
OMAHA, NE 68197

**Dixon East LLC (Case No. 24-50212), Turf Ranch LLC (Case No. 24-50213), Rasmussen LLC (Case No. 24-50214), Johl LLC (Case No. 24-50215), Chiala LLC (Case No. 24-50216), Hall Ranch LLC (Case No. 24-50217):**

- The claim of the following creditor was removed from these Debtors' Schedule D:
  - AMERICAN AGCREDIT, FLCA  
AS ADMINISTRATIVE AGENT,  
5560 S. BROADWAY  
EUREKA CA 95503

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

**Debtor name:** Chiala LLC

**United States Bankruptcy Court for the:** Northern District of California

**Case number (if known):** 24-50216

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

**Declaration and signature**

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

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

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

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

Executed on 5/13/2024  
MM/DD/YYYY

x

/s/ Kirk Hoiberg

Signature of individual signing on behalf of debtor

Kirk Hoiberg  
Printed name

Authorized Signatory  
Position or relationship to debtor