

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

**Debtor name:** Trinitas Advantaged Agriculture Partners IV, LP

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

**Case number (if known):** 24-50211

☒ 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 .....

UNDETERMINED

**1c. Total of all property:**

Copy line 92 from Schedule A/B .....

UNDETERMINED

**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 .....

\$0.00

**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 .....

+ \$163,074,137.40

**4. Total liabilities**

Lines 2 + 3a + 3b .....


\$163,074,137.40

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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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Creditor's email address, if known**

**Date debt was incurred:** \_\_\_\_\_

**Last 4 digits of account number:** \_\_\_\_ \_  
\_\_\_\_ \_

**Do multiple creditors have an interest in the same property?**

☐ No

☐ Yes. Have you already specified the relative priority?

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

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

**Describe debtor's property that is subject to a lien**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the lien**

**Is the creditor an insider or related party?**

☐ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

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

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

☐ Contingent

☐ Unliquidated

☐ Disputed

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$0.00**

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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**

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**Date or dates debt was incurred****Last 4 digits of account number:** \_ \_ \_ \_**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( )**As of the petition filing date, the claim is:***Check all that apply.*☐ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:****Is the claim subject to offset?**☐ No☐ Yes**Total claim**

\$ \_\_\_\_\_

**Priority amount**

\$ \_\_\_\_\_

**Nonpriority amount**

\$ \_\_\_\_\_

**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.

<b>3.1. Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>Amount of claim</b>
AMERICAN AGCREDIT, FLCA 400 AVIATION BLVD STE 100 SANTA ROSA CA 95403	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,000,000.00
<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
	GUARANTEE	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.2. Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>Amount of claim</b>
FIRST NATIONAL BANK OF OMAHA 1620 DODGE ST OMAHA NE 68197	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$74,137.40
<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
VARIOUS	CREDIT CARD STATEMENT	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.3. Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>Amount of claim</b>
RABO AGRIFINANCE LLC AS ADMINISTRATIVE AGENT ROGER BECKER 14767 NORTH OUTER 40 RD STE 400 CHESTERFIELD MO 63017	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$161,000,000.00
<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
11/15/2022	LOAN	
<b>Last 4 digits of account number:</b>	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**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
FENNEMORE DOWLING AARON DON J. POOL 8080 N PALM AVE., 3RD FLOOR P.O. BOX 28902 FRESNO CA 93729-8902	Part 2 line 3.3	_____
FENNEMORE DOWLING AARON J. JACKSON WASTE 8080 N PALM AVE., 3RD FLOOR P.O. BOX 28902 FRESNO CA 93729-8902	Part 2 line 3.3	_____

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. +	\$163,074,137.40
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$163,074,137.40

**Fill in this information to identify the case:****Debtor name:** Trinitas Advantaged Agriculture Partners IV, LP**United States Bankruptcy Court for the:** Northern District of California**Case number (if known):** 24-50211☒ 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.	<table><tr><td><b>Title of contract</b></td><td>COMMERCIAL BUSINESS INSURANCE</td></tr><tr><td><b>State what the contract or lease is for</b></td><td>POLLUTION LIABILITY, POLICY NO. 0309-5789</td></tr><tr><td><b>Nature of debtor's interest</b></td><td>INSURED</td></tr><tr><td><b>State the term remaining</b></td><td>5/01/24</td></tr><tr><td><b>List the contract number of any government contract</b></td><td></td></tr></table>	<b>Title of contract</b>	COMMERCIAL BUSINESS INSURANCE	<b>State what the contract or lease is for</b>	POLLUTION LIABILITY, POLICY NO. 0309-5789	<b>Nature of debtor's interest</b>	INSURED	<b>State the term remaining</b>	5/01/24	<b>List the contract number of any government contract</b>		ALLIED WORLD NATIONAL ASSURANCE COMPANY 199 WATER STREET NEW YORK NY 10038
<b>Title of contract</b>	COMMERCIAL BUSINESS INSURANCE											
<b>State what the contract or lease is for</b>	POLLUTION LIABILITY, POLICY NO. 0309-5789											
<b>Nature of debtor's interest</b>	INSURED											
<b>State the term remaining</b>	5/01/24											
<b>List the contract number of any government contract</b>												
2.2.	<table><tr><td><b>Title of contract</b></td><td>COMMERCIAL BUSINESS INSURANCE</td></tr><tr><td><b>State what the contract or lease is for</b></td><td>EXCESS LIABILITY, POLICY NO. APX2101010-03</td></tr><tr><td><b>Nature of debtor's interest</b></td><td>INSURED</td></tr><tr><td><b>State the term remaining</b></td><td>3/31/24</td></tr><tr><td><b>List the contract number of any government contract</b></td><td></td></tr></table>	<b>Title of contract</b>	COMMERCIAL BUSINESS INSURANCE	<b>State what the contract or lease is for</b>	EXCESS LIABILITY, POLICY NO. APX2101010-03	<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>		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease  CAPITOL SPECIALTY INSURANCE CORPORATION 1600 ASPEN COMMONS SUITE 300 MIDDLETON WI 53562
<b>Title of contract</b>	COMMERCIAL BUSINESS INSURANCE											
<b>State what the contract or lease is for</b>	EXCESS LIABILITY, POLICY NO. APX2101010-03											
<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>												
2.3.	<table><tr><td><b>Title of contract</b></td><td>RENEWAL ORDER FORM</td></tr><tr><td><b>State what the contract or lease is for</b></td><td>SOFTWARE SUBSCRIPTION</td></tr><tr><td><b>Nature of debtor's interest</b></td><td></td></tr><tr><td><b>State the term remaining</b></td><td>11/08/24</td></tr><tr><td><b>List the contract number of any government contract</b></td><td></td></tr></table>	<b>Title of contract</b>	RENEWAL ORDER FORM	<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>	11/08/24	<b>List the contract number of any government contract</b>		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease  EGNYTE, INC. 1350 W. MIDDLEFIELD RD MOUNTAIN VIEW CA 94043
<b>Title of contract</b>	RENEWAL ORDER FORM											
<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>	11/08/24											
<b>List the contract number of any government contract</b>												



- 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**                      \_\_\_\_\_
- 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**                      \_\_\_\_\_
- 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**                      \_\_\_\_\_
- 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**                      \_\_\_\_\_
- 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**
- HOUSTON SPECIALTY INSURANCE CO  
800 GESSNER RD STE 600  
HOUSTON TX 77024
- JIM BURKE FORD  
2001 OAK STREET  
BAKERSFIELD CA 93301
- MARSH & MCLENNAN AGENCY LLC  
360 HAMILTON AVENUE  
SUITE 930  
WHITE PLAINS NY 10601
- MARSH & MCLENNAN AGENCY LLC  
360 HAMILTON AVENUE  
SUITE 930  
WHITE PLAINS NY 10601
- 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>  MARSH & MCLENNAN AGENCY LLC 360 HAMILTON AVENUE SUITE 930 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>  MARSH USA INC PO BOX 846112 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>  ORACLE AMERICA, INC. 500 ORACLE PARKWAY 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>  R-T SPECIALTY, LLC 540 W. MADISON ST., 9TH FL 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>  SCOTTSDALE INSURANCE CO ONE NATIONWIDE PLZ 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 **Trinitas Advantaged Agriculture Partners IV, LP**

Case number (if known) **24-50211**

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


2.15.<sup>1</sup> **Title of contract** ALMOND HULLING/SHELLING AGREEMENT  
**State what the contract or lease is for** ALMOND HULLING/SHELLING SERVICES  
**Nature of debtor's interest** CONTRACT PARTY  
**State the term remaining** UNDETERMINED  
**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 HULLING CO.  
2900 AIRPORT DRIVE  
MADERA CA 93637

<sup>1</sup>APPLICABLE TO THE 2023 CROP YEAR

**Fill in this information to identify the case:****Debtor name:** Trinitas Advantaged Agriculture Partners IV, LP**United States Bankruptcy Court for the:** Northern District of California**Case number (if known):** 24-50211

 Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

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

**1. Does the debtor have any codebtors?**

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

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. ADOBE RANCH, LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2. CHIALA LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3. DINUBA RANCH, LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4. DIXON EAST LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5. FRY ROAD, LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6. HALL RANCH LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. JEFFREY RANCH, LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.8. JOHL LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.9. LAMB RANCH, LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.10. MARCUCCI RANCH, LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.11. PHELPS RANCH, LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.12. POMONA FARMING, LLC	2055 WOODSIDE RD STE 195 REDWOOD CITY CA 94061	FIRST NATIONAL BANK OF OMAHA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.13. PORTERVILLE LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.14. RASMUSSEN LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.15. RATTOR RANCH, LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.16. TOOR RANCH, LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.17. TULE RIVER RANCH, LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.18. TURF RANCH LLC	1414 EAST F STREET A-102 OAKDALE CA 95361	RABO AGRIFINANCE LLC, AS ADMINISTRATIVE AGENT	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.19. WESTLAKE FARMS, INC. CEIL HOWE III	23311 NEWTON AVE STRATFORD CA 93266-9732	AMERICAN AGCREDIT, FLCA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.20. WL OLIVES, LLC	1414 EAST F STREET A OAKDALE CA 95361	AMERICAN AGCREDIT, FLCA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

# **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:** Trinitas Advantaged Agriculture Partners IV, LP

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

**Case number (if known):** 24-50211

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, E/F, G, H, and Summary of Assets and Liabilities*
- ☐ *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