

Fill in this information to identify the case:

Debtor name: Trinitas Farming, LLC

United States Bankruptcy Court for the: Northern District of California

Case number (if known): 24-50210

☒ 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	\$1,754,457.81
1c. Total of all property: Copy line 92 from Schedule A/B	\$1,754,457.81

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	UNDETERMINED
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	+ \$24,193,098.06
4. Total liabilities Lines 2 + 3a + 3b	\$24,193,098.06

Fill in this information to identify the case:**Debtor name:** Trinitas Farming, LLC**United States Bankruptcy Court for the:** Northern District of California**Case number (if known):** 24-50210☒ 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
	<hr/> <hr/> <hr/>	<input type="checkbox"/> Contingent	\$ _____	\$ _____
		<input type="checkbox"/> Unliquidated		Nonpriority amount
		<input type="checkbox"/> Disputed		\$ _____
	Date or dates debt was incurred	Basis for the claim:		
	<hr/>	<hr/>		
	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		

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	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
AG PRODUCTION CO. PO BOX 1325 TURLOCK CA 95381	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,620.16
Date or dates debt was incurred	Basis for the claim:	
1/18/2024	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
AG WATER CHEMICAL ROY SANCHEZ PO BOX 2595 FRESNO CA 93745-2595	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,968.74
Date or dates debt was incurred	Basis for the claim:	
10/23/2023	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
ALTA IRRIGATION DISTRICT 289 NORTH L ST DINUBA CA 93618-0715	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$145.37
Date or dates debt was incurred	Basis for the claim:	
2/1/2024	TRADE PAYABLE	
Last 4 digits of account number:	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.4.	Nonpriority creditor's name and mailing address ARENTFOX SCHIFF LLP COLE FERGUSON 1717 K ST NW WASHINGTON DC 20006-5344 Date or dates debt was incurred 12/31/2023, 01/12/2024 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 \$79,986.00
3.5.	Nonpriority creditor's name and mailing address ASHYLAN LLC JENNIFER VARGAS 570 EL CAMINO REAL #150142 REDWOOD CITY CA 94063 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$275,260.84
3.6.	Nonpriority creditor's name and mailing address BATAM MANAGEMENT SVC INC AARON BATISTA 37905 MYRTLEWOOD DR MADERA CA 93636 Date or dates debt was incurred 11/29/2023, 12/13/2023 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 \$16,153.86

3.7.	Nonpriority creditor's name and mailing address BGM ELECTRONIC SVC LLC TERRY BISHOP 815 NORTH OPDYKE BLDG 200 AUBURN HILLS MI 48326 Date or dates debt was incurred 10/23/2023 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 \$15,000.00
3.8.	Nonpriority creditor's name and mailing address BUTTONWILLOW WAREHOUSE CO PO BOX 744634 LOS ANGELES CA 90074-4634 Date or dates debt was incurred 1/31/2024 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 \$288.38
3.9.	Nonpriority creditor's name and mailing address CAL WEST RAIN INC BOBBY ESPINOZA PO BOX 306 KERMAN CA 93630-0306 Date or dates debt was incurred 01/31/2024, 12/15/2023, 11/16/2023, 11/22/2023, 11/28/2023, 10/31/2023 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 \$16,312.75

3.10.	Nonpriority creditor's name and mailing address CALIFORNIA INDUSTRIAL RUBBER CO MICHAEL ESPARZA PO BOX 2456 FRESNO CA 93745 Date or dates debt was incurred 01/16/2024, 01/19/2024, 12/31/2023, 01/12/2024, 11/21/2023, 11/27/2023, 11/28/2023, 10/18/2023, 10/27/2023, 10/30/2023, 11/07/2023, 11/13/2023, 11/29/2023 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 \$23,983.03
3.11.	Nonpriority creditor's name and mailing address CHICO NUT HULLING AND SHELLING LLC BILL WELLINGTON PO BOX 5365 CHICO CA 95927 Date or dates debt was incurred 10/31/2023 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 \$386,783.65
3.12.	Nonpriority creditor's name and mailing address DELLAVALLE LABORATORY INC 1910 W MCKINLEY STE 110 FRESNO CA 93728 Date or dates debt was incurred 3/5/2024 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 \$960.00

3.13.	Nonpriority creditor's name and mailing address DIXON / SOLANO RCD WATER COALITION 1170 N LINCOLN ST STE 110 DIXON CA 95620 Date or dates debt was incurred 2/1/2024 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 \$3.86
3.14.	Nonpriority creditor's name and mailing address EAST BAY TIRE 2200 HUNTINGTON DR UNIT C FAIRFIELD CA 94533 Date or dates debt was incurred 01/18/2024, 01/19/2024, 12/19/2023, 01/11/2024 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 \$6,184.54
3.15.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 101326 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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 \$9,901.17

3.16.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 101452 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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 \$3,848.98
3.17.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 103070 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$11,087.81
3.18.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 103481 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$26,741.38

3.19.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 103720 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,086.03
3.20.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 104968 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$35,555.58
3.21.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 110613 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$34,299.47

3.22.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 111452 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$59,777.48
3.23.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 111906 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$31,992.20
3.24.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 118059 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$70,388.68

3.25.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 118627 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$135,126.26
3.26.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 119224 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$548,532.20
3.27.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 121211 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$51,615.48

3.28.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING 5299785-5000 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$44,286.84
3.29.	Nonpriority creditor's name and mailing address FARM CREDIT LEASING- 99804 NW 9675 PO BOX 1450 MINNEAPOLIS MN 55485 Date or dates debt was incurred 2/1/2024 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 \$0.85
3.30.	Nonpriority creditor's name and mailing address FASTENAL COMPANY PO BOX 1286 WINONA MN 55987-1286 Date or dates debt was incurred 12/21/2023, 12/31/2023, 11/22/2023, 11/27/2023, 12/01/2023 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 \$7,945.24

3.31.	Nonpriority creditor's name and mailing address FIRST CHOICE INDUSTRIAL SUPPLY INC PO BOX 2072 OAKDALE CA 95361 Date or dates debt was incurred 12/19/2023, 12/05/2023 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 \$9,577.90
3.32.	Nonpriority creditor's name and mailing address FORD CREDIT 1501 NORTH PLAN ROAD SUITE 100 RICHARDSON TX 75081 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: VEHICLE DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$72,034.00
3.33.	Nonpriority creditor's name and mailing address FRONTIER PERFORMANCE LUBRICANTS INC 600 INDUSTRIAL WAY GALT CA 95632 Date or dates debt was incurred 01/16/2024, 12/31/2023, 10/13/2023, 11/10/2023 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 \$8,939.50

3.34.	Nonpriority creditor's name and mailing address GAR BENNETT LLC KURTIS DOUGLAS PO BOX 31001 3026 PASADENA CA 91110 Date or dates debt was incurred 01/15/2024, 02/01/2024, 03/01/2024, 12/07/2023, 12/11/2023, 12/21/2023, 11/06/2023, 11/16/2023, 12/01/2023 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 \$152,823.23
3.35.	Nonpriority creditor's name and mailing address GROW WEST 201 EAST ST WOODLAND CA 95776 Date or dates debt was incurred 12/1/2023 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 \$75,375.01
3.36.	Nonpriority creditor's name and mailing address KAMPER AG AND AUTO 18665 JACK TONE RD MANTECA CA 95336 Date or dates debt was incurred 12/1/2023 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 \$6,835.25

3.37.	Nonpriority creditor's name and mailing address LAKE MANAGEMENT COMPANY INC CEIL HOWE III 470 E HERNDON AVE STE 101 FRESNO CA 93720 Date or dates debt was incurred 03/01/2024, 01/31/2024 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 \$62,126.46
3.38.	Nonpriority creditor's name and mailing address LAWRENCE TRACTOR CO INC HECTOR MERCADO 2436 E VLY OAKS DR VISALIA CA 93292 Date or dates debt was incurred 10/11/2023, 10/17/2023, 10/18/2023, 10/19/2023, 10/24/2023, 10/26/2023, 12/01/2023 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 \$17,548.34
3.39.	Nonpriority creditor's name and mailing address LMG AG PRODUCTS PO BOX 2139 TULARE CA 93275 Date or dates debt was incurred 03/01/2024, 03/04/2024, 01/31/2024, 11/22/2023 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 \$55,227.18

3.40.	Nonpriority creditor's name and mailing address LOCKWOOD SEED AND GRAIN BOB SAMUELSON 26777 N CHOWCHILLA BLVD CHOWILLA CA 93610 Date or dates debt was incurred 12/1/2023 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 \$50,054.50
3.41.	Nonpriority creditor's name and mailing address MARCOS GALVAN MARTINEZ BIBIYAN LAW GROUP PC DAVID B BIBIYAN ESQ 8484 WILSHIRE BLVD STE 500 BEVERLY HILLS CA 90211 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.42.	Nonpriority creditor's name and mailing address MARFAB AG AND INDUSTRIAL SUPPLIES 1025 I ST LOS BANOS CA 93635 Date or dates debt was incurred FROM 10/03/2023 THROUGH 01/31/2024 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 \$12,334.79

3.43. Nonpriority creditor's name and mailing address MERCED COUNTY DEPT OF PUBLIC WORKS 345 WEST 7TH ST MERCED CA 95341	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 \$180.00
Date or dates debt was incurred 11/20/2023	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	
3.44. Nonpriority creditor's name and mailing address MID VALLEY AGRICULTURAL SVC INC PO BOX 728 OAKDALE CA 95361-0728	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 \$2,056.25
Date or dates debt was incurred 2/1/2024	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	
3.45. Nonpriority creditor's name and mailing address MOSS ADAMS LLP PO BOX 101822 PASADENA CA 91189-1822	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 \$1,470.00
Date or dates debt was incurred 2/20/2024	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	

3.46.	Nonpriority creditor's name and mailing address NUTRIEN AG SOLUTIONS STOCKTON CHARLES TARBELL PO BOX 188 STOCKTON CA 95205 Date or dates debt was incurred 02/16/2024, 12/14/2023, 12/14/2023, 11/09/2023 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 \$332,421.53
3.47.	Nonpriority creditor's name and mailing address NUTRIEN AG SOLUTIONS VISALIA PO BOX 1067 VISALIA CA 93279 Date or dates debt was incurred 2/1/2024 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 \$2,231.64
3.48.	Nonpriority creditor's name and mailing address ORCHARD MACHINERY CORP BRIAN ANDERSEN 2700 COLUSA HIGHWAY YUBA CITY CA 95993 Date or dates debt was incurred 01/19/2024, 12/19/2023, 01/05/2024, 01/11/2024, 01/12/2024, 11/16/2023, 11/20/2023, 11/21/2023, 12/01/2023, 12/05/2023, 12/08/2023 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 \$25,690.61

3.49.	Nonpriority creditor's name and mailing address OSSENT JUK AND BOTTI 2815 TOWNSGATE RD STE 320 WESTLAKE VILLAGE CA 91360 Date or dates debt was incurred 2/5/2024 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 \$1,045.00
3.50.	Nonpriority creditor's name and mailing address OSSENT JUK AND BOTTI 2815 TOWNSGATE RD STE 320 WESTLAKE VILLAGE CA 91360 Date or dates debt was incurred 02/02/24-02/12/24 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 \$3,410.00
3.51.	Nonpriority creditor's name and mailing address POMONA FARMING, LLC RYON PATON 2055 WOODSIDE RD STE 195 REDWOOD CITY CA 94061 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 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 \$11,744,822.00

3.52.	Nonpriority creditor's name and mailing address RECLAMATION DISTRICT NO 2068 7178 YOLANO RD DIXON CA 95620 Date or dates debt was incurred 2/12/2024 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 \$1,000.00
3.53.	Nonpriority creditor's name and mailing address SCOTT BELKNAP WELL DRILLING INC 38193 RD 76 DINUBA CA 93618 Date or dates debt was incurred 11/14/2023 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 \$8,245.00
3.54.	Nonpriority creditor's name and mailing address SCS GLOBAL SVC 2000 POWELL ST STE 600 EMERYVILLE CA 94608 Date or dates debt was incurred 12/18/2023 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 \$7,054.00

3.55.	Nonpriority creditor's name and mailing address SOUTH VALLEY COMPANIES INC CAMILLA NORMAN PO BOX 82543 BAKERSFIELD CA 93380 Date or dates debt was incurred 10/23/2023 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 \$286,631.42
3.56.	Nonpriority creditor's name and mailing address SOUTHERN CALIFORNIA EDISON 1201 K ST #1810 SACRAMENTO CA 95814 Date or dates debt was incurred 02/23/2024, 02/26/2024, 02/28/2024 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 \$2,632.62
3.57.	Nonpriority creditor's name and mailing address SPERANTUS ARRIOLA BUSINESS GROUP INC CLAUDIO ARRIOLA 2323 AVENIDA COSTA ESTE STE 500 SAN DIEGO CA 92154 Date or dates debt was incurred 1/15/2024 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 \$22,578.77

3.58.	Nonpriority creditor's name and mailing address STANISLAUS FARM SUPPLY MIKE DOXEY 624 E SERVICE RD MODESTO CA 95358 Date or dates debt was incurred 02/08/2024, 12/18/2023, 01/31/2024 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 \$34,577.79
3.59.	Nonpriority creditor's name and mailing address SUPERIOR SOIL SUPPLEMENTS LLC MICHAEL FRANKFORT COULT DENNIS 10367 HOUSTON AVE HANFORD CA 93230 Date or dates debt was incurred 10/20/2023, 10/27/2023, 10/31/2023 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 \$80,249.76
3.60.	Nonpriority creditor's name and mailing address THE HARVESTING GROUP ERIN MCILHATTON 470 E HERNDON STE 200 FRESNO CA 93720 Date or dates debt was incurred 1/31/2024 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: LEASE LIABILITY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,891,213.66

3.61.	Nonpriority creditor's name and mailing address THE HULLING COMPANY SCOTT A EASTOM 19482 RD 19 MADERA CA 93637 Date or dates debt was incurred 1/4/2024 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 \$212,738.12
3.62.	Nonpriority creditor's name and mailing address TM SIGNS AND GRAPHICS 3232 RIO MIRANDA STE C2 BAKERSFIELD CA 93308 Date or dates debt was incurred 12/1/2023 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 \$858.35
3.63.	Nonpriority creditor's name and mailing address TULARE LAKE BASIN WATER STORAGE DISTRICT 1001 CHASE AVENUE CORCORAN CA 93212 Date or dates debt was incurred 2/13/2024 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 \$2,805.17

3.64.	Nonpriority creditor's name and mailing address UNITED RENTALS NOLAN OBRIEN FILE 51122 LOS ANGELES CA 90074-1122 Date or dates debt was incurred 02/17/2024, 02/24/2024, 01/16/2024, 01/20/2024, 01/27/2024, 12/22/2023, 12/23/2023, 12/31/2023, 11/25/2023, 12/02/2023, 12/13/2023 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 \$38,754.57
3.65.	Nonpriority creditor's name and mailing address V AND Z SHREDDING JACOB ZENSEN PO BOX 64 EMPIRE CA 95319 Date or dates debt was incurred 10/31/2023 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 \$48,868.00
3.66.	Nonpriority creditor's name and mailing address VALLEY HYDRAULICS AND MACHINE 1249 E KENTUCKY AVE WOODLAND CA 95776 Date or dates debt was incurred 1/1/2024 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 \$7.63

3.67.	Nonpriority creditor's name and mailing address VILLARREAL HEDGING AND TOPPING INC PO BOX 64 EMPIRE CA 95319 Date or dates debt was incurred 12/1/2023 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 \$11,835.00
3.68.	Nonpriority creditor's name and mailing address WESTLAKE FARMS INC CEIL HOWE III 23311 NEWTON AVE STRATFORD CA 93266-9732 Date or dates debt was incurred 03/01/2024, 12/15/2023, 12/31/2023, 01/01/2024, 12/01/2023 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 \$587,616.92
3.69.	Nonpriority creditor's name and mailing address WESTSIDE EQUIPMENT NICOLAUS HANSEN PO BOX 158 CROWS LANDING CA 95313 Date or dates debt was incurred 01/15/2024, 01/17/2024, 12/31/2023, 10/17/2023, 10/30/2023, 12/01/2023 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 \$30,606.59

3.70.	Nonpriority creditor's name and mailing address WILSON'S POWERSPORTS 100 EAST 6TH ST MADERA CA 93638	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 \$277.78
	Date or dates debt was incurred 1/23/2024	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	
3.71.	Nonpriority creditor's name and mailing address WL OLIVES, LLC 2055 WOODSIDE RD STE 195 REDWOOD CITY CA 94061	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 \$3,364,506.89
	Date or dates debt was incurred VARIOUS	Basis for the claim: TRADE PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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
CLARK HILL PLC KEVIN H MORSE 130 EAST RANDOLPH ST.,STE 3900 CHICAGO IL 60601	Part 2 line 3.61	_____
FORD MOTOR CREDIT COMPANY AIS PORTFOLIO SERVICES LLC 4515 N SANTA FE AVE DEPT APS OKLAHOMA CITY OK 73118	Part 2 line 3.32	_____
MINASIAN LAW LLP PAUL R MINASIAN 1681 BIRD ST P O BOX 1679 OROVILLE CA 95965	Part 2 line 3.11	_____
WANGER JONES HELSLEY RILEY C WALTER 265 E RIVER PARK CIRCLE STE 110 FRESNO CA 93720	Part 2 line 3.68	_____

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. +	\$24,193,098.06
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$24,193,098.06

Fill in this information to identify the case:**Debtor name:** Trinitas Farming, LLC**United States Bankruptcy Court for the:** Northern District of California**Case number (if known):** 24-50210☒ 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>Title of contract</td><td>CLIENT SERVICES AGREEMENT</td></tr><tr><td>State what the contract or lease is for</td><td>PAYROLL AND HR SERVICES</td></tr><tr><td>Nature of debtor's interest</td><td>CONTRACT PARTY</td></tr><tr><td>State the term remaining</td><td>11/16/2024</td></tr><tr><td>List the contract number of any government contract</td><td></td></tr></table>	Title of contract	CLIENT SERVICES AGREEMENT	State what the contract or lease is for	PAYROLL AND HR SERVICES	Nature of debtor's interest	CONTRACT PARTY	State the term remaining	11/16/2024	List the contract number of any government contract		<table><tr><td>ADP 1851 N RESLER DRIVE MS-100 EL PASO TX 79912</td></tr></table>	ADP 1851 N RESLER DRIVE MS-100 EL PASO TX 79912
Title of contract	CLIENT SERVICES AGREEMENT												
State what the contract or lease is for	PAYROLL AND HR SERVICES												
Nature of debtor's interest	CONTRACT PARTY												
State the term remaining	11/16/2024												
List the contract number of any government contract													
ADP 1851 N RESLER DRIVE MS-100 EL PASO TX 79912													
2.2.	<table><tr><td>Title of contract</td><td>COMMERCIAL BUSINESS INSURANCE</td></tr><tr><td>State what the contract or lease is for</td><td>POLLUTION LIABILITY, POLICY NO. 0309-5789</td></tr><tr><td>Nature of debtor's interest</td><td>INSURED</td></tr><tr><td>State the term remaining</td><td>5/01/24</td></tr><tr><td>List the contract number of any government contract</td><td></td></tr></table>	Title of contract	COMMERCIAL BUSINESS INSURANCE	State what the contract or lease is for	POLLUTION LIABILITY, POLICY NO. 0309-5789	Nature of debtor's interest	INSURED	State the term remaining	5/01/24	List the contract number of any government contract		<table><tr><td>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ALLIED WORLD NATIONAL ASSURANCE COMPANY 199 WATER STREET NEW YORK NY 10038</td></tr></table>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ALLIED WORLD NATIONAL ASSURANCE COMPANY 199 WATER STREET NEW YORK NY 10038
Title of contract	COMMERCIAL BUSINESS INSURANCE												
State what the contract or lease is for	POLLUTION LIABILITY, POLICY NO. 0309-5789												
Nature of debtor's interest	INSURED												
State the term remaining	5/01/24												
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 ALLIED WORLD NATIONAL ASSURANCE COMPANY 199 WATER STREET NEW YORK NY 10038													
2.3.	<table><tr><td>Title of contract</td><td>BENEFIT RESOURCE MASTER SERVICES AGREEMENT</td></tr><tr><td>State what the contract or lease is for</td><td>BENEFIT PLAN ADMINISTRATION SERVICES</td></tr><tr><td>Nature of debtor's interest</td><td>CONTRACT PARTY</td></tr><tr><td>State the term remaining</td><td>7/1/2024</td></tr><tr><td>List the contract number of any government contract</td><td></td></tr></table>	Title of contract	BENEFIT RESOURCE MASTER SERVICES AGREEMENT	State what the contract or lease is for	BENEFIT PLAN ADMINISTRATION SERVICES	Nature of debtor's interest	CONTRACT PARTY	State the term remaining	7/1/2024	List the contract number of any government contract		<table><tr><td>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BENEFIT RESOURCE, LLC 245 KENNETH DRIVE ROCHESTER NY 14623-4277</td></tr></table>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease BENEFIT RESOURCE, LLC 245 KENNETH DRIVE ROCHESTER NY 14623-4277
Title of contract	BENEFIT RESOURCE MASTER SERVICES AGREEMENT												
State what the contract or lease is for	BENEFIT PLAN ADMINISTRATION SERVICES												
Nature of debtor's interest	CONTRACT PARTY												
State the term remaining	7/1/2024												
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 BENEFIT RESOURCE, LLC 245 KENNETH DRIVE ROCHESTER NY 14623-4277													

Case number (if known) **24-50210**

Case: 24-50211 Doc# 275 Filed: 05/13/24 Entered: 05/13/24 16:58:19 Page 30 of 35

2.9.	Title of contract	FARM CREDIT LEASING - 103720	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FARM CREDIT LEASING SERVICES CORPORATION 1665 UTICA AVE S SUITE 400 MINNEAPOLIS MN 55416
	State what the contract or lease is for	FARM EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	4/26/24	
	List the contract number of any government contract	_____	
2.10.	Title of contract	FARM CREDIT LEASING - 104968	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FARM CREDIT LEASING SERVICES CORPORATION 1665 UTICA AVE S SUITE 400 MINNEAPOLIS MN 55416
	State what the contract or lease is for	FARM EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	7/22/24	
	List the contract number of any government contract	_____	
2.11.	Title of contract	FARM CREDIT LEASING - 110613	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FARM CREDIT LEASING SERVICES CORPORATION 1665 UTICA AVE S SUITE 400 MINNEAPOLIS MN 55416
	State what the contract or lease is for	FARM EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	2/03/25	
	List the contract number of any government contract	_____	
2.12.	Title of contract	FARM CREDIT LEASING - 111452	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FARM CREDIT LEASING SERVICES CORPORATION 1665 UTICA AVE S SUITE 400 MINNEAPOLIS MN 55416
	State what the contract or lease is for	FARM EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	3/16/25	
	List the contract number of any government contract	_____	
2.13.	Title of contract	FARM CREDIT LEASING - 111906	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FARM CREDIT LEASING SERVICES CORPORATION 1665 UTICA AVE S SUITE 400 MINNEAPOLIS MN 55416
	State what the contract or lease is for	FARM EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	4/29/25	
	List the contract number of any government contract	_____	

2.14.	Title of contract	FARM CREDIT LEASING - 118059	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FARM CREDIT LEASING SERVICES CORPORATION 1665 UTICA AVE S SUITE 400 MINNEAPOLIS MN 55416
	State what the contract or lease is for	FARM EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	2/09/26	
	List the contract number of any government contract	_____	
2.15.	Title of contract	FARM CREDIT LEASING - 118627	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FARM CREDIT LEASING SERVICES CORPORATION 1665 UTICA AVE S SUITE 400 MINNEAPOLIS MN 55416
	State what the contract or lease is for	FARM EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	2/11/26	
	List the contract number of any government contract	_____	
2.16.	Title of contract	FARM CREDIT LEASING - 119224	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FARM CREDIT LEASING SERVICES CORPORATION 1665 UTICA AVE S SUITE 400 MINNEAPOLIS MN 55416
	State what the contract or lease is for	FARM EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	8/17/26	
	List the contract number of any government contract	_____	
2.17.	Title of contract	FARM CREDIT LEASING - 121211	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FARM CREDIT LEASING SERVICES CORPORATION 1665 UTICA AVE S SUITE 400 MINNEAPOLIS MN 55416
	State what the contract or lease is for	FARM EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	5/25/26	
	List the contract number of any government contract	_____	
2.18.	Title of contract	COMMERCIAL BUSINESS INSURANCE	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
	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	_____	

2.19.	Title of contract	RETAIL INSTALLMENT SALE 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
	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	_____	
2.20.	Title of contract	COMMERCIAL BUSINESS INSURANCE	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
	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	_____	
2.21.	Title of contract	COMMERCIAL BUSINESS INSURANCE	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
	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	_____	
2.22.	Title of contract	COMMERCIAL BUSINESS INSURANCE	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
	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	_____	
2.23.	Title of contract	COMMERCIAL BUSINESS INSURANCE	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
	State what the contract or lease is for	OTHER:, POLICY NO. BA3T850025 EX3T850222 & XC1EX00918231	
	Nature of debtor's interest	INSURED	
	State the term remaining	5/13/24	
	List the contract number of any government contract	_____	

- | | | | |
|-------|---|--|---|
| 2.24. | 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 | COMMERCIAL BUSINESS INSURANCE
COMMERCIAL CRIME, POLICY NO. 8242-7527
INSURED
3/31/24
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

MARSH USA INC
PO BOX 846112
DALLAS TX 75284-6112 |
| 2.25. | 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 | SUBSCRIPTION SERVICES AGREEMENT
SOFTWARE SUBSCRIPTION

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

ORACLE AMERICA, INC.
500 ORACLE PARKWAY
REDWOOD SHORES CA 94065 |
| 2.26. | 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 | AMENDED AND RESTATED FARM SERVICES AGREEMENT
FARM SERVICES
CONTRACT PARTY - RECEIVER OF SERVICES
EXPIRES FEB. 28, 2025
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

POMONA FARMING LP
C/O PSP INVESTMENTS
MARC DROUIN; CHRISTIAN BONNEAU
1250 RENE LEVESQUE BLVD.
WEST SUITE 1400
MONTREAL QC H3B 5E9
CANADA |
| 2.27. | 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 | FLEETIO MANAGE - ENTERPRISE SOFTWARE SUBSCRIPTION AGREEMENT
SOFTWARE SUBSCRIPTION
LICENSEE
4/28/2024
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

RARESTEP, INC.
D/B/A FLEETIO
1900 2ND AVENUE NORTH, SUITE 300
BIRMINGHAM AL 35203 |
| 2.28. | 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 | COMMERCIAL BUSINESS INSURANCE
GPL E&O, POLICY NO. ML4262627-2
INSURED
3/31/24
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

R-T SPECIALTY, LLC
540 W. MADISON ST., 9TH FL
CHICAGO IL 60661 |

2.29.	Title of contract	COMMERCIAL BUSINESS INSURANCE	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease SCOTTSDALE INSURANCE CO ONE NATIONWIDE PLZ COLUMBUS OH 43215
	State what the contract or lease is for	EMPLOYMENT PRACTICES, POLICY NO. EKS3473256	
	Nature of debtor's interest	INSURED	
	State the term remaining	3/31/24	
	List the contract number of any government contract	_____	
2.30.	Title of contract	CUSTOM PROCESSING AND MARKETING AGREEMENT	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
	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	_____	
2.31.	Title of contract	COMBINED, AMENDED, AND RESTATED COMMERCIAL EQUIPMENT LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease THE HARVESTING GROUP GP 470 E. HERNDON, STE 200 FRESNO CA 93720
	State what the contract or lease is for	EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	12/31/2027	
	List the contract number of any government contract	_____	
2.32. ¹	Title of contract	LEASE AGREEMENT	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ULTREX MANAGEMENT SERVICES, LLC 712 FIERO LANE STE 33 SAN LUIS OBISPO CA 93401
	State what the contract or lease is for	OFFICE EQUIPMENT LEASE	
	Nature of debtor's interest	LESSEE	
	State the term remaining	UNDETERMINED	
	List the contract number of any government contract	_____	

¹48 MONTH LEASE TERM WITH UNKNOWN START DATE

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 Farming, LLC

United States Bankruptcy Court for the: Northern District of California

Case number (if known): 24-50210

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 E/F, G 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