

Rev. 12/15

UNITED STATES BANKRUPTCY COURT
District of North Dakota

IN RE:

Vanity Shop of Grand Forks, Inc.

Bankruptcy No: 17-30112
Chapter: 11

Debtor(s)

AMENDMENT COVER SHEET

Schedules and Statements Amended (check all that apply):

- Voluntary Petition (describe change)
Summary of Assets and Schedules and Liabilities and Certain Statistical Information
Schedule A/B - Property
Schedule C - The Property You Claim as Exempt
Schedule D - Creditors Who Hold Claims Secured By Property
Schedule E/F - Creditors Who Have Unsecured Claims
Schedule G - Executory Contracts and Unexpired Leases
Schedule H - Codebtors
Schedule I - Your Income
Schedule J - Your Expenses
Declaration Concerning Schedules
Statement of Financial Affairs
Attorney's Disclosure of Compensation
Statement of Intention for Individuals Filing Under Chapter 7
Statement of Current Monthly Income
Other

If amending schedules D or E/F, the amendment is to:

- Add new (additional notice parties for) creditor(s) (Notice to Creditor(s) of Amended Schedules(s) must be served and filed)
Correct or Delete Information

Describe changes made: Add additional notice parties to Schedule F and Stores Listings and Landlords attachment. (Examples: Added or Reclassified Creditor "X"; Add or modified exempt property "X")

Add creditor Justin Grant Photography.

DECLARATION

I certify under penalty of perjury that the foregoing is true and correct, and that the attached amendments are true and correct.

DATED: 12/8/17

Signature James Bennett Debtor1

Debtor2



Fill in this information to identify the case:

Debtor name Vanity Shop of Grand Forks, Inc.
 United States Bankruptcy Court for the: DISTRICT OF NORTH DAKOTA
 Case number (if known) 17-30112

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 <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>11,956,195.94</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>11,956,195.94</u>

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, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>9,572,538.17</u>
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 <i>Schedule E/F</i>	\$ <u>0.00</u>
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 <i>Schedule E/F</i>	+\$ <u>7,906,724.56</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>17,479,262.73</u>

Debtor <u>Vanity Shop of Grand Forks, Inc.</u>		Case number (if known) <u>17-30112</u>	
Name			
3.305	Nonpriority creditor's name and mailing address JOHNSON CITY UTILITY SYSTEM PO BOX 2386 JOHNSON CITY, TN 37605 Date(s) 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13.73</u>
3.306	Nonpriority creditor's name and mailing address JOHNSON, ELIZABETH 308 NICHOLS ST APT 1 UTICA, NY 13501 Date(s) 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15.70</u>
3.307	Nonpriority creditor's name and mailing address JOHNSON, MICHELLE 15043 S LOOKOUT RODGE DR HERRIMAN, UT 84096 Date(s) 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EMPLOYEE TRAVEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$77.29</u>
3.308	Nonpriority creditor's name and mailing address JOUJOU/BBC APPAREL SUITE 507 1407 BROADWAY NEW YORK, NY 10018 Date(s) 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$63,869.33</u>
3.309	Nonpriority creditor's name and mailing address JUST JULEZ INC. 95 SOCKANOSSET CROSS ROAD STE 205 CRANSTON, RI 02920 Date(s) 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,367.24</u>
3.310	Nonpriority creditor's name and mailing address JUST ONE 1450 BROADWAY, 21ST FLOOR NEW YORK, NY 10018 Date(s) 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MERCHANDISE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,556.60</u>
3.311	Nonpriority creditor's name and mailing address Justin Grant Photography 307 W Quail Trax Place Murray, UT 84107 Date(s) 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 type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>