Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 1 of 18/1 Docket #0100 Date Filed: 05/03/2021

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

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|--|--------|-------------------------|
| In re | : | Chapter 11 |
| TECT AEROSPACE GROUP HOLDINGS, INC., et al., | : : | Case No. 21–10670 (KBO) |
| Debtors. ¹ | : | Jointly Administered |

SCHEDULES OF ASSETS AND LIABILITIES FOR TECT AEROSPACE WELLINGTON INC., CASE NO. 21-10673 (KBO)

¹ The Debtors in these cases, along with the last four digits of each Debtor's federal tax identification number, are: TECT Aerospace Group Holdings, Inc. (9338); TECT Aerospace Kansas Holdings, LLC (4241); TECT Aerospace Holdings, LLC (9112); TECT Aerospace Wellington Inc. (4768); TECT Aerospace, LLC (8650); TECT Hypervelocity, Inc. (8103); and Sun Country Holdings, LLC (6079). The Debtors' mailing address is 300 W. Douglas, Suite 100, Wichita, KS 67202.

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

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| In re | : | Chapter 11 |
| TECT AEROSPACE GROUP HOLDINGS, INC., et al., | : | Case No. 21– 10670 (KBO) |
| inc., et al., | : | Jointly Administered |
| Debtors. ¹ | : | |
| | · A | |

GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMERS REGARDING THE DEBTORS' SCHEDULES OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS

TECT Aerospace Group Holdings, Inc. and its debtor affiliates in the above-captioned chapter 11 cases, as debtors and debtors in possession (collectively, "TECT Aerospace" or the "Debtors"), have filed their respective Schedules of Assets and Liabilities (collectively, the "Schedules") and Statements of Financial Affairs (collectively, the "Statements" and, together with the Schedules, the "Schedules and Statements") in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court"). The Debtors, with the assistance of their legal and financial advisors, prepared the Schedules and Statements in accordance with section 521 of title 11 of the United States Code (the "Bankruptcy Code") and rule 1007 of the Federal Rules of Bankruptcy Procedure.

Kevin Larson has signed each set of the Schedules and Statements. Mr. Larson serves as the Vice President of Finance for each of the operating entities. In reviewing and signing the Schedules and Statements, Mr. Larson has necessarily relied upon the efforts, statements, advice, and representations of personnel of the Debtors, and the Debtors' legal and financial advisors. Given the scale of the Debtors' business covered by the Schedules and Statements, Mr. Larson has not (and could not have) personally verified the accuracy of each such statement and representation, including, but not limited to, statements and representations concerning amounts owed to creditors.

In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of such preparation. Although the Debtors have made every reasonable effort to ensure the accuracy and completeness of the Schedules and Statements, subsequent information or discovery may result in material changes to the Schedules and Statements. As a result, inadvertent errors or omissions may exist. Accordingly, the Debtors and their directors, officers, agents, attorneys, and financial advisors cannot guarantee

¹ The Debtors in these cases, along with the last four digits of each Debtor's federal tax identification number, are: TECT Aerospace Group Holdings, Inc. (9338); TECT Aerospace Kansas Holdings, LLC (4241); TECT Aerospace Holdings, LLC (9112); TECT Aerospace Wellington Inc. (4768); TECT Aerospace, LLC (8650); TECT Hypervelocity, Inc. (8103); and Sun Country Holdings, LLC (6079). The Debtors' mailing address is 300 W. Douglas, Suite 100, Wichita, KS 67202.

or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements.

For the avoidance of doubt, the Debtors and their agents, attorneys, and financial advisors hereby reserve their rights to amend and supplement the Schedules and Statements as may be necessary or appropriate, to modify, revise, or re-categorize the information provided in the Schedules and Statements, and shall notify any third party should the information be updated, modified, revised, or re-categorized, as required by applicable law.

Global Notes and Overview of Methodology

- <u>Description of Cases</u>. On April 5, 2021 (the "Petition Date"), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code. The Debtors are operating their businesses and managing their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On April 7, 2021, the Bankruptcy Court entered an order directing the joint administration of the Debtors' chapter 11 cases [D.I. 24]. Notwithstanding the joint administration of the Debtors' cases for procedural purposes, each Debtor has filed its own Schedules and Statements. On April 20, 2021, the United States Trustee for the District of Delaware appointed an official committee of unsecured creditors pursuant to section 1102(a)(1) of the Bankruptcy Code.
- Global Notes. These global notes (the "Global Notes") pertain to and comprise an integral part of each of the Debtors' Schedules and Statements and should be referenced in connection with any review thereof.
- Reservations and Limitations. Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements. However, as noted above, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend and supplement the Schedules and Statements as may be necessary or appropriate. Nothing contained in the Schedules and Statements constitutes a waiver of any of the Debtors' rights or an admission of any kind with respect to these chapter 11 cases, including, but not limited to, any claims against the Debtors, any rights or claims of the Debtors against any third party, or any issues involving substantive consolidation, equitable subordination, or defenses or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code or any other relevant applicable bankruptcy or non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in these Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.
 - No Admission. Nothing contained in the Schedules and Statements or the Global Notes is intended to be or should be construed as a waiver of the Debtors' rights to dispute any such claim or assert any cause of action or defense against any party.
 - Recharacterization and Classifications. Notwithstanding that the Debtors have made reasonable efforts to correctly characterize, classify, categorize, or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtors nonetheless may have improperly characterized, classified, categorized, or designated certain items. The

Debtors thus reserve all rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as is necessary and appropriate.

For the avoidance of doubt, listing (i) a claim on Schedule D as "secured," (ii) a claim on Schedule E/F as "priority" or "unsecured," or (iii) a contract on Schedule G as "executory" or "unexpired" does not constitute an admission by the Debtors of the legal rights of the claimant or contract counterparty, or a waiver of the Debtors' rights to recharacterize or reclassify any claim or contract.

- Claim Description. Any failure to designate a claim on a given Debtor's Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by such Debtor that such amount is not "disputed," "contingent," or "unliquidated." The Debtors reserve all rights to dispute, or assert offsets or defenses to, any claim reflected on their respective Schedules and Statements on any grounds, including, without limitation, liability or classification, or to otherwise subsequently designate such claims as "disputed," "contingent," or "unliquidated" or object to the extent, validity, enforceability, priority, or avoidability of any claim. The Debtors reserve all rights to amend their Schedules and Statements as necessary and appropriate, including, but not limited to, with respect to claim description and designation.
- Estimates and Assumptions. As with the preparation of any financial statements the Schedules and Statements required the Debtors to make reasonable estimates and assumptions with respect to the reported amounts, including but not limited to amounts of assets and liabilities, the amount of contingent assets and contingent liabilities on the date of filing the Schedules and Statements, and the reported amounts of revenues and expenses during the applicable reporting periods. Actual results could differ materially from such estimates.
- o Causes of Action. Despite reasonable efforts, the Debtors may not have identified and/or set forth all of their causes of action (filed or potential) against third parties as assets in their Schedules and Statements, including, without limitation, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant bankruptcy and non-bankruptcy laws to recover assets. The Debtors reserve all rights with respect to any causes of action, and nothing in these Global Notes or the Schedules and Statements should be construed as a waiver of any causes of action.
- O Property Rights Generally. Exclusion of certain property from the Schedules and Statements shall not be construed as an admission that the Debtors' rights in such property have been abandoned, terminated, assigned, expired by their terms or otherwise transferred pursuant to a sale, acquisition or other transaction. Conversely, inclusion of certain property in the Schedules and Statements shall not be construed as an admission that the Debtors' rights in such property have not been abandoned, terminated, assigned, expired by their terms or otherwise transferred pursuant to a sale, acquisition or other transaction.

- o Intellectual Property Rights. Exclusion of any intellectual property should not be construed as an admission that such intellectual property rights have been abandoned, terminated, or otherwise expired by their terms, or assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property should not be construed as an admission that such intellectual property rights have not been abandoned, terminated, or otherwise expired by their terms, or assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction.
- o **Insiders**. In the circumstance where the Schedules and Statements require information regarding "insiders," the Debtors have included information with respect to the individuals who the Debtors believe would be included in the definition of "insider" set forth in section 101(31) of the Bankruptcy Code during the relevant time periods. Such individuals may no longer serve in such capacities.

The listing of a party as an insider for purposes of the Schedules and Statements is not intended to be, nor should it be, construed as an admission of any fact, right, claim, or defense and all such rights, claims, and defenses are hereby expressly reserved. Information regarding the individuals listed as insiders in the Schedules and Statements has been included for informational purposes only and such information may not be used for: (1) the purposes of determining (a) control of the Debtors; (b) the extent to which any individual exercised management responsibilities or functions; (c) corporate decision-making authority over the Debtors; or (d) whether such individual could successfully argue that he or she is not an insider under applicable law, including the Bankruptcy Code and federal securities laws, or with respect to any theories of liability or (2) any other purpose.

Methodology.

- O Basis of Presentation. The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP") nor are they intended to be fully reconciled to the financial statements of each Debtor. The Schedules and Statements contain unaudited information that is subject to further review and potential adjustment. The Schedules and Statements reflect the Debtors' reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis. The information provided in the Schedules and Statements is reported as of the close of business on the Petition Date, except as otherwise noted.
- Ouplication. Certain of the Debtors' assets, liabilities, and prepetition payments may properly be disclosed in response to multiple parts of the Statements and Schedules. To the extent these disclosures would be duplicative, the Debtors have endeavored to only list those items once.
- o **Net Book Value**. In certain instances, current market valuations for individual items of property and other assets are neither maintained by, nor readily available

to, the Debtors. Accordingly, unless otherwise indicated, assets presented in the Debtors' Schedules and Statements represent estimates for the net book values as of the Petition Date. Market values may vary materially from values presented. The Debtors believe that it would be an inefficient use of estate resources for the Debtors to obtain estimates for current market values of their property and other individual assets. Accordingly, the Debtors have indicated in the Schedules and Statements that the values of certain assets and liabilities are undetermined. The omission of an asset from the Schedules and Statements does not constitute a representation regarding the economic value or ownership of such asset and any such omission does not constitute a waiver of any rights of the Debtors with respect to such asset.

- o **Property and Equipment**. Unless otherwise indicated, owned property and equipment are valued at net book value. The Debtors lease equipment from certain third-party lessors. To the extent possible, any such leases are listed in the Schedules and Statements. Nothing in the Schedules and Statements is, or should be construed as, an admission as to the determination of the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all rights with respect thereto.
- Recognition and Allocation of Liabilities. The Debtors have reported liabilities known to them at the time of preparing these Schedules and Statements. Given the short amount of time that has elapsed between the Petition Date and the filing of these Schedules and Statements, there could be liabilities that are not currently reflected in the Debtors' books and records, because the Debtors have not received any invoices or similar documentation to evidence such obligations. Allocation for liabilities between the prepetition and postpetition periods have been prepared based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change.
- o **Undetermined Amounts**. The description of an amount as "unknown" or "undetermined" is not intended to reflect the materiality of such amount.
- Unliquidated Amounts. Amounts that could not be fairly quantified by the Debtors are scheduled as "unliquidated."
- Totals. All totals that are included in the Schedules and Statements represent totals
 of all known amounts. To the extent there are unknown or undetermined amounts,
 the actual total may be different than the listed total.
- Paid Claims. The Debtors have authority to pay certain outstanding prepetition claims pursuant to several bankruptcy court orders, including orders the Bankruptcy Court entered in connection with the commencement of the Debtors' chapter 11 cases authorizing the Debtors to pay certain prepetition claims (collectively, the "First Day Orders"). The Schedules and Statements reflect the

Debtors' outstanding liabilities in their amounts owed as of the Petition Date without reducing liabilities on account of any payments authorized under the First Day Orders.

The Debtors reserve all rights to amend or supplement the Schedules and Statements or to take other action, such as filing claims objections, as is necessary and appropriate to avoid overpayment or duplicate payments for liabilities. Nothing contained herein should be deemed to alter the rights of any party in interest to contest a payment made pursuant to an order of the Bankruptcy Court where such order preserves the right to contest.

- Credits and Adjustments. The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtors' books and records, and may either (a) not reflect credits, allowances, or other adjustments due from such creditors to the Debtors or (b) be net of accrued credits, allowances, or other adjustments that are actually owed by a creditor to the Debtors on a postpetition basis on account of such credits, allowances, or other adjustments earned from prepetition payments and critical vendor payments, if applicable. The Debtors reserve all of their rights with regard to such credits, allowances, or other adjustments, including, but not limited to, the right to modify the Schedules, assert claims objections and/or setoffs with respect to the same, or apply such allowances in the ordinary course of business on a postpetition basis.
- O Intercompany Claims. Intercompany payables and receivables between the Debtors are set forth on Schedule E/F or Schedule A/B, as applicable. The listing by the Debtors of any account between a Debtor and another Debtor is a statement of what appears in a particular Debtor's books and records, and does not reflect any admission or conclusion of the Debtors regarding the allowance, classification, characterization, validity, or priority of such account. The Debtors' historical practice is to reconcile and record intercompany payables and receivables at fiscal month end, so the reported balances represent the balances as of April 4, 2021. The Debtors take no position in these Schedules and Statements as to whether such accounts would be allowed as a claim, an interest, or not allowed at all. The Debtors and all parties in interest reserve all rights with respect to such accounts.
- Guarantees and Other Secondary Liability Claims. The Debtors have exercised reasonable efforts to locate and identify any guarantees with respect to their executory contracts, unexpired leases, secured financings, and other such agreements. However, there may be guarantees embedded in the Debtors' contractual agreements or otherwise in the Debtors' books and records that the Debtors have inadvertently omitted from their Schedules and Statements. The Debtors may identify guarantees as they continue to review their books and records and contractual agreements. The Debtors reserve their rights, but are not required, to amend the Schedules and Statements if any guarantees are identified.

- o **Liens**. The inventories, property, and equipment listed in the Schedules are presented without consideration of any liens that may attach (or have attached) to such property and equipment.
- o Currency. Unless otherwise indicated, all amounts are reflected in U.S. dollars.
- **Setoffs.** The Debtors periodically incur setoffs and net payments in the ordinary course of business. Such setoffs and nettings may occur due to a variety of transactions or disputes, including, but not limited to, intercompany transactions, counterparty settlements, pricing discrepancies, returns, warranties, refunds, and negotiations and/or disputes between Debtors and their customers and/or suppliers. These normal setoffs are consistent with the ordinary course of business in the Debtors' industry. Due to the voluminous nature of setoffs and nettings, it would be unduly burdensome and costly for the Debtors to list each such transaction. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for and, as such, are or may be excluded from the Debtors' Schedules and Statements. Certain setoffs have be included, as noted below in the disclosure for Question 6 of the Statements. In addition, some amounts listed in the Schedules and Statements may have been affected by setoffs or nettings by third parties of which the Debtors are not yet aware. The Debtors reserve all rights to challenge any setoff and/or recoupment rights that may be asserted against them.

Specific Schedules Disclosures.

- o Schedule A/B, Parts 1 and 2 Details with respect to the Debtors' cash management system and bank accounts are provided in the Motion of Debtors for Entry of Interim and Final Orders (I) Authorizing Debtors to (A) Continue Existing Cash Management System, Bank Accounts, and Business Forms, (B) Make Ordinary Course Changes Thereto, (C) Honor Certain Prepetition Obligations Related to the Use Thereof, and (D) Continue Certain Intercompany Transactions, (II) Grant Administrative Expense Priority for Post-Petition Debtor Intercompany Claims; (III) Extending Time to Comply with 11 U.S.C. § 345(b); and (IV) Granting Related Relief [D.I. 3] (the "Cash Management Motion"), and the interim order granting the Cash Management Motion dated April 7, 2021 [D.I. 38]. Cash values held in financial accounts are listed on Schedule A/B, Part 3 as of the close of business on the Petition Date. Details with respect to the Debtors' cash management system and bank accounts are provided in the Cash Management Motion.
- Schedule A/B, Part 3, Question 11 Accounts receivable listed in response to Question 11 includes intercompany receivables.
- O Schedule A/B, Part 5, Questions 19–22 The values listed for inventory in response to Questions 19, 20 and 22 are the net book value from the Debtors' books and records. The "net book value" listed for finished goods inventory in response to Question 21 is the gross value from the Debtors' books and records.

- Schedule A/B, Part 5, Question 25 The current values of the property listed in response to Question 25 are undetermined, and it would be unduly burdensome for the Debtors to perform a valuation for such property.
- Schedule A/B, Part 5, Questions 39-41 The net book value for certain Debtors' office furniture and office fixtures is included with the Debtors' office equipment in such Debtors' books and records. As such, the values in response to Questions 39 and 40 may be included under the response to Question 41. It would be unduly burdensome for the Debtors to perform separate valuations for their office furniture and office equipment.
- Schedule A/B, Part 8, Question 50 Certain of the Debtors both own and lease some of their manufacturing equipment. The Debtors have listed the net book value for the equipment, but the current value is undetermined.
- o Schedule A/B, Part 10, Questions 60 and 61 Most of the Debtors' intellectual property is licensed from non-debtor affiliate Office Support Services, LLC ("OSS") by Debtor TECT Aerospace Group Holdings, Inc. The Debtors own and manage the content on their website, but OSS owns the registered domain name. With respect to TECT Aerospace Group Holdings, Inc., all intellectual property identified in response to Question 60 is licensed from OSS pursuant to a license agreement, not owned by the Debtor. The trademarks identified in response to Question 60 for TECT Hypervelocity, Inc. are owned by that Debtor.
- Schedule A/B, Part 11, Questions 74 and 75 In the ordinary course of business, the Debtors may have accrued, or may subsequently accrue, certain rights to counterclaims, cross-claims, setoffs, refunds with their customers and suppliers, and potential warranty claims against their suppliers, among other claims. Additionally, certain of the Debtors may be party to pending litigation in which the Debtors have asserted, or may assert, claims as plaintiffs, or counter-claims and/or cross-claims as defendants.

Unless otherwise noted on specific responses, items reported on Schedule A/B are reported from the Debtors' books and records as of the Petition Date. Any amounts reported typically reflect amounts seeking to be recovered and/or costs incurred pursuing causes of action, and may not reflect ultimate recoverable amounts. As previously stated in these Global Notes, the Debtors reserve all of their rights with respect to any claims and causes of action, or avoidance actions they may have.

Schedule D – Except as otherwise agreed pursuant to a stipulation or order entered by the Bankruptcy Court, the Debtors reserve their rights to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset of a secured creditor listed on Schedule D of any Debtor. Moreover, although the Debtors have scheduled claims of various creditors as secured claims, except as otherwise agreed pursuant to a stipulation or order entered by the Bankruptcy Court, the Debtors reserve all of their rights to dispute or challenge the secured nature of any such creditor's Claim or the

characterization of the structure of any such transaction or any document or instrument related to such creditor's Claim. Further, while the Debtors have included the results of Uniform Commercial Code searches, the listing of such results is not nor shall it be deemed an admission as to the validity of any such lien. The descriptions provided in Schedule D are solely intended to be a summary and not an admission of liability. The Debtors made reasonable, good faith efforts to include all known liens on Schedule D but may have inadvertently omitted to include an existing lien because of, among other things, the possibility that a lien may have been imposed after the Uniform Commercial Code searches were performed or a vendor may not have filed the requisite perfection documentation. The Debtors have not included certain claims subject to Uniform Commercial Code-1 statements regarding the Debtors' equipment, which were filed against the Debtors for equipment that was not ever owned by the Debtors. Additionally, the Debtors have not included certain Uniform Commercial Code-1 statements filed in regard to certain equipment for which the Debtors books and records reflect that such equipment was leased, not financed. Additionally, the Debtors have not included on Schedule D parties that may believe their claims are secured through setoff rights.

Schedule E/F – The Debtors have used reasonable efforts to report all general unsecured Claims against the Debtors on Schedule E/F, based on the Debtors' books and records as of the Petition Date. Due to ordinary course delays, some amounts on Schedule E/F may not be properly reflected.

Determining the date upon which each Claim on Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors may not list a date for each Claim listed on Schedule E/F.

Any information contained in Schedule E/F with respect to potential litigation shall not be a binding admission or representation of any Debtor's liability with respect to any of the potential suits and proceedings included therein.

Schedule E/F reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid (subject to an order of the Bankruptcy Court) in connection with the assumption of executory contracts or unexpired leases. Additionally, Schedule E/F does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected, except where a judgment has been rendered.

o Schedule G – Although reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases (collectively, the "Agreements"), the Debtors' review process of the Agreements is ongoing and inadvertent errors, omissions, or over-inclusion may have occurred. The Debtors may have entered into various other types of Agreements in the ordinary course of their businesses, such as confidentiality agreements, which may not be set forth in

Schedule G. In addition, certain Agreements contain confidentiality provisions, and any such confidential information has been omitted from Schedule G.

The Debtors have consolidated purchase orders between the Debtors and counterparties, such that multiple purchase orders between a Debtor and any single entity are listed once. However, to the extent that there are long-term or "master" Agreements between the Debtors and such entities, those Agreements are listed separately. The listing of Agreements on a consolidated or individual basis is not an admission that such Agreements are or are not divisible or integrated.

Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. Schedule G may be amended at any time to add any omitted Agreements. Likewise, the listing of an Agreement on Schedule G does not constitute an admission that such Agreement is an executory contract or unexpired lease or that such Agreement was in effect on the Commencement Date or is valid or enforceable.

Specific Statements Disclosures.

- O Statement, Part 2, Question 3 As further explained in the Cash Management Motion, Debtors TECT Aerospace Holdings, LLC, TECT Aerospace Kansas Holdings, LLC, TECT Aerospace, LLC, TECT Aerospace Wellington Inc., and TECT Hypervelocity, Inc. each hold collection accounts with PNC Bank that were swept daily to pay down amounts outstanding under the Debtors' prepetition revolving credit facility with PNC Bank ("PNC"). In February 2021, The Boeing Company ("Boeing") purchased PNC's position under the credit facility. For a time after Boeing became lender under the credit facility, PNC continued to act as sweep agent. Accordingly, transfers shown in response to Question 3 may identify PNC as the recipient during and after February 2021. For some amounts due under the credit agreement, the agent thereunder charged those amounts directly against the revolving facility. Those payments are reflected in the books and records of Debtor TECT Aerospace, LLC and, accordingly, on TECT Aerospace, LLC's Statement Question 3.
- O Statement, Part 2, Questions 3 and 4 As further explained in the Cash Management Motion, the Debtors engage in certain transactions, including intercompany parts purchase orders, with each other and their non-Debtor affiliates. The payments identified in response to Question 3 include payments to non-Debtor affiliates for parts purchase orders. The payments or transfers identified in response to Question 4 include non-cash settlements for all parts transferred between Debtor entities during the applicable period, as those transfers do not involve the exchange of cash among the Debtors. Additionally, the payments identified in response to Question 4 include all cash payments to non-Debtor affiliates, during the applicable period.

- o **Statement, Part 2, Question 6** The Debtors may incur setoffs resulting from the ordinary course of business with their vendors. Such setoffs are consistent with the ordinary course practices in the Debtors' industry. Additionally, it would be overly burdensome and costly for the Debtors to list all such normal setoffs. The Debtors have identified certain setoffs in response to Question 6 based on information available in the Debtors' books and records, and after reasonable investigation, but some setoffs may have been inadvertently excluded.
- Statement, Part 3, Question 7 The actions described in response to Question 7 are the responsive proceedings or pending proceedings of which the Debtors are actually aware. Any information contained in the response to Question 7 shall not be a binding representation of the Debtors' liabilities with respect to any of the suits and proceedings identified therein.
- Statement, Part 6, Question 11 All disbursements identified in response to Question 11 were made by TECT Aerospace Holdings, LLC, for the benefit of all the Debtors.
- Statement, Part 6, Question 13 Certain operating Debtors sell their used manufacturing equipment through auctions. The amounts listed in response to Question 13 reflect the amounts earned by the Debtors through such sales.
- O Statement, Part 10, Question 20 For some of the Debtors' customers, the Debtors ship their finished products to the customer but the customer does not immediately book those products into the customer's owned inventory. Instead, the customer holds the finished products on its site on behalf of the Debtors until such time as the customer has need of the product, at which time the customer books it into the customer's inventory. For the time between physical receipt of a product and the customer's recording it as inventory, such product is still property of the Debtors.
- o **Statement, Part 11, Question 21** For some customers, the Debtors provide services relating to processing raw materials or products. The Debtors' books and records may identify these materials in inventory with zero value to facilitate the manufacturing process, but the materials remain the customer's property.
- Statement, Part 13, Question 26(d) The Debtors are a consolidated group for tax purposes, with TECT Aerospace Group Holdings, Inc. reporting as the parent corporation for tax purposes. Consistent with that, only TECT Aerospace Group Holdings, Inc. issues financial statements. The Debtors have excluded from the response to this question certain parties to whom financial statements were issued on a confidential basis in the prepetition marketing process for the sale of the Debtors' assets.
- Statement, Part 13, Question 30 All known disbursements to Insiders of the Debtors, as defined above, are listed in the response to Part 2, Question 4 of the Statements.

| Fill in this information to identify the case: | | |
|---|------|---------------------|
| Debtor Name: In re: TECT Aerospace Wellington Inc. | | |
| United States Bankruptcy Court for the: District of Delaware | | Check if this is an |
| Case number (if known): 21-10673 (KBO) | | amended filing |
| Official Form 206Sum | | |
| Summary of Assets and Liabilities for Non-Individua | als | 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 <i>Schedule A/B</i> | \$ | 4,430,124.66 |
| Copy line 91A from Schedule A/D | | |
| 1c. Total of all property: | | |
| Copy line 92 from Schedule A/B | \$ | 4,430,124.66 |
| 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 | \$ _ | 44,143,574.72 |
| 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 | \$ | 1,640,219.84 |
| 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 | +\$ | 13,880,560.79 |
| | | |

4. Total liabilities

Lines 2 + 3a + 3b

59,664,355.35

| Il in this information to identify the case: |
|---|
| ebtor Name: In re: TECT Aerospace Wellington Inc. |
| nited States Bankruptcy Court for the: District of Delaware |
| Case number (if known): 21-10673 (KBO) |

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

| Part 1: | Cash and cash equivalents | | | | |
|----------------|--|------------------------|---------------------------------|---------------|------------------------|
| 1. Doe | es the debtor have any cash or cash equiv | alents? | | | |
| | No. Go to Part 2. | | | | |
| \checkmark | Yes. Fill in the information below. | | | | |
| AII | cash or cash equivalents owned or cor | ntrolled by the debto | r | Current value | e of debtor's interest |
| 2. Ca s | sh on hand | | | | |
| | 2.1 Petty Cash | | | \$ | 145.46 |
| 3. Che | ecking, savings, money market, or financia | al brokerage accounts | s (Identify all) | | |
| Nan | ne of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | | |
| | 3.1 PNC Bank, National Association | Collection | 9505 | \$ | 0.00 |
| 4. Oth | er cash equivalents (Identify all) | | | | |
| | 4.1 None | | | \$ | |
| 5. Tota | ıl of Part 1 | | | | |
| Add | lines 2 through 4 (including amounts on a | ny additional sheets). | Copy the total to line 80. | \$ | 145.46 |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 15 of 184 TECT Aerospace Wellington Inc. 21-10673 Case number (if known): Debtor: Name **Deposits and prepayments** 6. Does the debtor have any deposits or prepayments? ☐ No. Go to Part 3. Current value of debtor's interest 7. Deposits, including security deposits and utility deposits Description, including name of holder of deposit 7.1 None 8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent Description, including name of holder of prepayment

9. Total of Part 2.

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

8.1 See Schedule A/B 8 Attachment

\$ 956,170.43

956,170.43

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 16 of 184 TECT Aerospace Wellington Inc. Case number (if known): Debtor: Name Accounts receivable Part 3: 10. Does the debtor have any accounts receivable? $\ \square$ No. Go to Part 4. $\ensuremath{\,\,^{\square}}$ Yes. Fill in the information below. Current value of debtor's interest 11. Accounts receivable Description face amount doubtful or uncollectible accounts Trade AR -11a. 90 days old or less: Wellington 3,470,183.81 - \$ 492,821.03 2,977,362.78 Trade AR -11b. Over 90 days old: 100,395.62 - \$ 100,395.62 0.00 Wellington \$ 12. Total of Part 3.

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

2,977,362.78

\$

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| Debtor: | TECT Aerospace Wellington Inc. | Case number (if known): | 21-10673 |
|---------|--------------------------------|-------------------------|----------|
| | Name | | |

| Par | t 4: | Investments | | | | |
|-----|---------|--|-----------------|---|--------------------------------|-------|
| 13. | Does t | he debtor own any investments? | | | | |
| | ☑ No. | . Go to Part 5. | | | | |
| | □ Yes | s. Fill in the information below. | | | | |
| | | | | Valuation method used for current value | Current value of debtor's inte | erest |
| 14. | Mutual | I funds or publicly traded stocks not included in Part 1 | | | | |
| | Name o | of fund or stock: | | | | |
| | | 14.1 | | | \$ | |
| 15. | includi | · | 6 of ownership: | | | |
| | | 15.1 | | | \$ | |
| 16. | | nment bonds, corporate bonds, and other negotiable and r ments not included in Part 1 | non-negotiable | | | |
| | Describ | pe: | | | | |
| | | | | _ | \$ | |
| 17. | Total o | of Part 4. | | | | |
| | Add lin | nes 14 through 16. Copy the total to line 83. | | | \$ | 0.00 |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 18 of 184

Debtor: TECT Aerospace Wellington Inc. Case number (if known): 21-10673

Name

| | l | | | |
|--------|------------|-----------|-------------|--------|
| art 5: | Inventory. | excluding | agriculture | assets |

| 18. Does the debtor own any inventory (excluding agriculture assets)?□ No. Go to Part 6. | | | | | | | |
|---|--|-------------------------------------|-----------|---|---|--------|----------------------------------|
| | ✓ Yes. Fill in the information below. | | | | | | |
| | General description | Date of the last physical inventory | inter | pook value of debtor's est ere available) | Valuation method used for current value | | rrent value of debtor's erest |
| 19. | Raw materials | | | | | | |
| | 19.1 Raw Materials | 11/13/2020 | \$ | 2,693,106.43 | N/A | \$_ | Undetermined |
| 20. | Work in progress | | | | | | |
| | 20.1 Work in Process | 11/13/2020 | \$_ | 10,943,257.79 | N/A | \$_ | Undetermined |
| 21. | Finished goods, including goods held for res | sale | | | | | |
| | 21.1 Finished Goods | 11/13/2020 | _ \$ | 2,504,577.79 | N/A | - \$ _ | Undetermined |
| 22. | Other inventory or supplies | | | | | | |
| | Cutting Tools, Fluids, Gages, and Packaging Supplies - Wellington, 22.1 KS | None | \$ | 0.00 | N/A | \$ | Undetermined |
| | | | | | | | |
| 23. | Total of Part 5. Add lines 19 through 22. Copy the total to line 8 | 14 | | | | \$ | 0.00 |
| | Add lines 19 tillough 22. Copy the total to line of | 4. | | | | Ψ | 0.00 |
| 24. | Is any of the property listed in Part 5 perisha | ble? | | | | | |
| | ☑ No | | | | | | |
| | ☐ Yes | | | | | | |
| 25. | Has any of the property listed in Part 5 been | purchased within 20 | days b | efore the bankruptcy was | s filed? | | |
| | □ No | | | | | | |
| | ✓ Yes. Raw Description Materials Book value | ue\$1,047,76 | 67.07 | Valuation method N/A | Current value | \$ | Undetermined |
| 26 | Has any of the property listed in Part 5 been | appraised by a profe | ssiona | I within the last year? | | | |
| _0. | ✓ No | | _ J. J. I | | | | |
| | ☐ Yes | | | | | | |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 19 of 184

Farming and fishing-related assets (other than titled motor vehicles and land)

| Debtor: | TECT Aerospace Wellington Inc. | Case number (if known): | 21-106/3 | |
|---------|--------------------------------|-------------------------|----------|--|
| | Nama | | | |

| <u> </u> | . Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)? ☑ No. Go to Part 7. | | | | | | | |
|--------------|---|---|---|------------------------------------|--|--|--|--|
| L | Yes. Fill in the information below. | | | | | | | |
| G | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest | | | | |
| 28. C | Crops—either planted or harvested | | | | | | | |
| | | . \$ | | \$ | | | | |
| 29. F | Farm animals Examples: Livestock, poultry, farm-raised fish | \$ | | _ \$ | | | | |
| 30. F | Farm machinery and equipment (Other than titled motor vehicles | • | | _ \$ | | | | |
| 31. F | Farm and fishing supplies, chemicals, and feed | \$\$ | _ | \$ | | | | |
| 32. C | Other farming and fishing-related property not already listed in | n Part 6 - \$ | _ | _ \$ | | | | |
| | Fotal of Part 6. Add lines 28 through 32. Copy the total to line 85. | | | \$ | | | | |
| | s the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes | | | | | | | |
| 35. H | — las any of the property listed in Part 6 been purchased within | 20 days before the bankruptcy | was filed? | | | | | |
| | □ No | | | | | | | |
| | Yes. Description Book value \$ | Valuation method | I Cui | rrent value \$ | | | | |
| | s a depreciation schedule available for any of the property lis No Yes | ted in Part 6? | | | | | | |
| 37. H | as any of the property listed in Part 6 been appraised by a pro | ofessional within the last year? | • | | | | | |
| | □ No | | | | | | | |
| | ☐ Yes | | | | | | | |

Part 6:

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 20 of 184

Debtor: TECT Aerospace Wellington Inc. Case number (if known): 21-10673

Name

| Pai | 11774 Office furniture, fixtures, and equipment; a | ind collectibles | | | | | | | | |
|-----|--|---|---|------------------------------------|--|--|--|--|--|--|
| 38. | Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles? | | | | | | | | | |
| | □ No. Go to Part 8. | □ No. Go to Part 8. | | | | | | | | |
| | ☑ Yes. Fill in the information below. | | | | | | | | | |
| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest | | | | | | |
| 39. | Office furniture | | | | | | | | | |
| | 39.1 Office Furniture - Wellington, KS | \$\$ | N/A | \$ Undetermined | | | | | | |
| 40. | Office fixtures | | | | | | | | | |
| | 40.1 Office Fixture - Wellington, KS | \$ | N/A | \$ Undetermined | | | | | | |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software | | | | | | | | | |
| | 41.1 Office Equipment - Wellington, KS | \$ 4,145.04 | N/A | \$ Undetermined | | | | | | |
| 42. | Collectibles <i>Examples</i> : Antiques and figurines; paintings,print books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles | | | | | | | | | |
| | 42.1 None | \$ | _ | _ \$ | | | | | | |
| 43. | Total of Part 7. | | [| | | | | | | |

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

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

| |) |
|--|---|
|--|---|

✓ Yes

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

□ No

✓ Yes

0.00

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Debtor: TECT Aerospace Wellington Inc.

Name

Case number (if known): 21-10673

| art | 8: Machinery, equipment, and vehicles | | | |
|-----|--|-------------------------------------|-----------------------|-------------------------------------|
| 46. | Does the debtor own or lease any machinery, equipment, | or vehicles? | | |
| | ☐ No. Go to Part 9. | | | |
| | ☑ Yes. Fill in the information below. | | | |
| | General description | Net book value of debtor's interest | Valuation method used | Current value of debtor's interest |
| | Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | (Where available) | for current value | Odirent value of desitor 3 interest |
| 47. | Automobiles, vans, trucks, motorcycles, trailers, and titled | farm vehicles | | |
| | 47.1 See Schedule A/B 47 Attachment | \$ 0.00 | N/A | \$ Undetermined |
| | Watercraft, trailers, motors, and related accessories Example floating homes, personal watercraft, and fishing vessels 48.1 None Aircraft and accessories 49.1 None | s boles: Boats, trailers, motors, | | \$ \$ |
| 50. | Other machinery, fixtures, and equipment (excluding farm | | | |
| | 50.1 Machinery - Leased | \$ 18,205,425.51 | N/A | \$ Undetermined |
| | 50.2 Machinery - Owned | \$ 4,688,113.10 | N/A | \$ Undetermined |
| 51. | Total of Part 8. | | | |
| | Add lines 47 through 50. Copy the total to line 87. | | | \$ |
| 52. | Is a depreciation schedule available for any of the propert | y listed in Part 8? | | |
| | □ No | | | |
| | ☑ Yes | | | |
| 53. | Has any of the property listed in Part 8 been appraised by | a professional within the last | year? | |

□ No ☑ Yes

| De | ebtor: | Case 21-10670-KBO TECT Aerospace Wellington Inc. Name | Doc 100 Fil | | age 22 of 184 nber (if known): 21-100 | 673 |
|------|--------------------|---|--|---|--|------------------------------------|
| Part | 9: | Real property | | | | |
| 54. | Do | es the debtor own or lease any real property? | | | | |
| | | No. Go to Part 10. | | | | |
| | \checkmark | Yes. Fill in the information below. | | | | |
| 55. | Any | building, other improved real estate, or land which | the debtor owns or in | which the debtor has an | interest | |
| | Incl Ass exa | cription and location of property ude street address or other description such as essor Parcel Number (APN), and type of property (for mple, acreage, factory, warehouse, apartment or office ding), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| | | Building and Land: 1) 102 W. Hillside Street, Wellington, KS 67152; and 2) 1515 North A 55.1 Street, Wellington, KS 67152 | Tenant | \$2,010,286.74 | N/A | \$ Undetermined |
| 56. | Total | of Part 9. | | | | |
| | Add t | he current value on lines 55.1 through 55.6 and entries t | from any additional shee | ets. Copy the total to line 88 | 3. | \$ |
| 57. | | depreciation schedule available for any of the prope No Yes | erty listed in Part 9?` | | L | |
| 58. | Has | any of the property listed in Part 9 been appraised by | y a professional within | n the last year? | | |
| | \checkmark | No | | | | |
| | | Yes | | | | |

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Debtor: TECT Aerospace Wellington Inc. Case number (if known): 21-10673

Name

| Pai | t 10: Intangibles and intellectual property | | | |
|-----|---|---|---|------------------------------------|
| 59. | Does the debtor have any interests in intangibles or intellectual | property? | | |
| | ☑ No. Go to Part 11. | | | |
| | ☐ Yes. Fill in the information below. | | | |
| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| 60. | Patents, copyrights, trademarks, and trade secrets | | | |
| | 60.1 | \$ | - | \$ |
| 61. | Internet domain names and websites | | | |
| | 61.1 | \$ | _ | \$ |
| 62. | Licenses, franchises, and royalties | | | |
| | 62.1 | \$ | | \$ |
| 63. | Customer lists, mailing lists, or other compilations 63.1 | | | \$ |
| 64. | Other intangibles, or intellectual property | | | |
| | 64.1 | \$ | | \$ |
| 65. | Goodwill | \$ | | 4 |
| | | . \$ | - | \$ |
| 66. | Total of Part 10. | | | |
| | Add lines 60 through 65. Copy the total to line 89. | | | \$ 0.00 |
| 67. | Do your lists or records include personally identifiable informat ☐ No ☐ Yes | ion of customers (as defined in | L 11 U.S.C. §§ 101(41A) ar | d 107)? |
| 68. | Is there an amortization or other similar schedule available for a | any of the property listed in Par | rt 10? | |
| | □ No | | | |
| | ☐ Yes | | | |

□ No□ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

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Debtor: TECT Aerospace Wellington Inc. Case number (if known): 21-10673

Name

| Part 111 All other assets | | |
|---------------------------|--|--|

| | nterests in executory contracts and une to Part 12. | Aprica ici | ided flot previously i | oported on this i | | | | |
|---------------------------------|---|------------|--------------------------|-------------------|---------------------|-----|------|-----------------------------------|
| ✓ Yes. Fi | ill in the information below. | | | | | | | |
| | | | | | | | | irrent value of debtor's erest |
| | | | | | | | | |
| Notes reco | eivable (include name of obligor) | Total fa | ce amount | doubtful or upco | ollectible accounts | | | |
| | Promissory Note Issued by Glass | | | | | | | |
| 71. | 1 Holdings | \$ | 4,410,000.00 | \$ | 0.00 | _ = | → \$ | 496,445.99 |
| . Tax refund | ds and unused net operating losses | (NOLs) | | | | | | |
| Description | n (for example, federal, state, local) | | _ | | | | | |
| 72. | None None | | | Tax year | | | \$ | |
| 2 Interests i | in insurance policies or annuities | | | | | | | |
| | See Schedule A/B 73 Attachment | | | | | | \$ | Undetermined |
| 75. | Gee Ocheddie A/D / O Attachment | | | | | | Ψ | Ondeterminet |
| has been | f action against third parties (whethe filed) Spirit AeroSystems Termination for E Statement of Work | | | | | | \$ | Undetermine |
| | Nature of claim | Impr | oper Termination | | | | | |
| | Amount requested | \$ | | Not Available | | | | |
| every natu set off cla | 1 None | ebtor and | action of I rights to | | _ | | \$ | |
| | Nature of claim | | | | _ | | | |
| | Amount requested | \$ | | | _ | | | |
| 6 Trusts.ea | uitable or future interests in property | ı | | | | | | |
| | 1 None | • | | | | | \$ | |
| country club | perty of any kind not already listed Eo membership None | xamples: | Season tickets, | | | | \$ | |
| | | | | | _ | | | |
| 8. Total of P | | | | | | | • | 400 445 0 |
| Add lines | 71 through 77. Copy the total to line 90 | | | | | | \$ | 496,445.9 |
| 9. Has any of ☑ No □ Yes | the property listed in Part 11 been a | ppraised | by a professional | within the last y | year? | | | |

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Debtor: TECT Aerospace Wellington Inc.

Name

Case number (if known): 21-10673

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | ent value of enal property | | Current value of real property | |
|--|-----------------------------------|--------|--------------------------------|-----------|
| 80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | \$ 145.46 | | | |
| 81. Deposits and prepayments. Copy line 9, Part 2. | \$ 956,170.43 | | | |
| 82. Accounts receivable. Copy line 12, Part 3. | \$ 2,977,362.78 | | | |
| 83. Investments. Copy line 17, Part 4. | \$ 0.00 | | | |
| 84. Inventory. Copy line 23, Part 5. | \$ 0.00 | | | |
| 85. Farming and fishing-related assets. Copy line 33, Part 6. | \$ 0.00 | | | |
| 86. Office furniture, fixtures, and equipment; and collectibles. | \$ 0.00 | | | |
| Copy line 43, Part 7. | | | | |
| 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. | \$ 0.00 | | | |
| 88. Real property. Copy line 56, Part 9 | | | \$ 0.00 | |
| 89. Intangibles and intellectual property. Copy line 66, Part 10. | \$ 0.00 | | | |
| 90. All other assets. Copy line 78, Part 11. | \$ 496,445.99 | | | |
| 91. Total. Add lines 80 through 90 for each column91a. | \$ 4,430,124.66 | + 91b. | \$ 0.00 | |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92 | | | | \$ 4,4 |

| Debtor I | Name: In States Ba | re: TECT Aerospace Wankruptcy Court for the: known): 21-10673 (KBC | /ellington Inc. | | | | _ | Check if mended | this is an d filing |
|------------------------------|----------------------------------|---|--|--|--|------------|---|--------------------|---|
| | | Form 206D | | ovo Cloims | Secured by Pro | nort | | | 10/15 |
| | | | | ave Claims | Secured by Pro | pert | У | | 12/15 |
| 1. Do a □ ! ☑ ` | nny crec No. Che Yes. Fill | in all of the information | cured by debtor's propage 1 of this form to below. | | s other schedules. Debtor has n | othing els | se to report on thi | s form. | |
| | n alphal | petical order all credit | tors who have secure | ed claims. If a credito | r has more than one | Do no | nn A unt of claim ot deduct the of collateral. | | nn B of collateral that orts this claim |
| 2 | | itor's name SHOLM TRAIL STATE | BANK | - | roperty that is subject to a lie profiler, serial number 430 onstrud sparmills | n \$ | 972,226.02 | \$ | Undetermined |
| | Notice | Name N. BROADWAY | S | Describe the lien UCC Financing State | ement 116445289 asider or related party? | | | | |
| | WICH | HITA KS State | 67219 ZIP Code | ✓ No ☐ Yes | iside: of related party. | | | | |
| | Countr | ry itor's email address, | if known | Is anyone else liable ✓ No ☐ Yes. Fill out Sch | e on this claim? | rm 206H). | | | |
| | Last numi | debt was incurred 4 digits of account ber nultiple creditors have e property? | 9/27/2019 e an interest in the | As of the petition fil Check all that apply. Contingent Unliquidated Disputed | ing date, the claim is: | | | | |
| | | No Yes. Have you alread relative priority? No. Specify each or creditor, and its relative specified on lines | creditor, including this lative priority. | | | | | | |

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Debtor: TECT Aerospace Wellington Inc. Case number (if known). Name **Additional Page** Part 1: Copy this page only if more space is needed. Continue numbering the lines sequentially from Column A Column B the previous page. Amount of claim Value of collateral that Do not deduct the supports this claim value of collateral. 2.2 Creditor's name Describe debtor's property that is subject to a lien All of the Debtor's assets, cash and non-cash The Boeing Company 43,166,460.00 Undetermined proceeds thereof, and proceeds of proceeds Creditor's Name Creditor's mailing address Edward J. Neveril Describe the lien Notice Name 100 N. Riverside Plaza Street Is the creditor an insider or related party? ✓ No Chicago ΊL 60606 ☐ Yes City State ZIP Code Is anyone else liable on this claim? Country □ No Creditor's email address, if known ☑ Yes. Fill out Schedule H: Codebtors(Official Form 206H). Date debt was incurred Various As of the petition filing date, the claim is: Last 4 digits of account Check all that apply. number Contingent Do multiple creditors have an interest in the Unliquidated same property? Disputed \checkmark No Yes. Have you already specified the relative priority? \square No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is

specified on lines

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Column A

Amount of claim

Column B

Debtor: TECT Aerospace Wellington Inc. 21-10673 Case number (if known):

Copy this page only if more space is needed. Continue numbering the lines sequentially from

Name

Part 1:

Additional Page

the previous page.

| tne p | orevious page |). | | | | | Do not deduct the value of collateral. | | Value of collateral supports this clair | | | |
|--------------|--------------------------------|------------|---|------|--|---------|--|---|---|------|--|--|
| .3 Crec | litor's name | | | Des | scribe debtor's property that is subject to a li | ien | | | | | | |
| Wells | s Fargo Vendo | r Financi | al Services, LLC | Fai | uipment: 1 tennant scrubber model #T300 | \$ | 337.18 | | \$ Undeterming | ined | | |
| Credit | tor's Name | | | | apmone remain corassor model #1000 | | | _ | - | | | |
| Cred | ditor's mailing | address | 3 | | | | | | | | | |
| | | | | De | scribe the lien | | | | | | | |
| | e Name | | | UC | C Financing Statement 115968075 | | | | | | | |
| | 35701 | | | _ | | | | | | | | |
| Street | Ţ | | | 1- 4 | h dit in sidelet- deserte 0 | | | | | | | |
| | | | | - | the creditor an insider or related party? | | | | | | | |
| Dillin | | _ | 50407 | - | No | | | | | | | |
| Billin | | | 59107 | | Yes | | | | | | | |
| City | 51 | ate | ZIP Code | | | | | | | | | |
| Count | trv | | | ls a | anyone else liable on this claim? | | | | | | | |
| | , ditor's email a | ddress. i | if known | ✓ No | | | | | | | | |
| 0.00 | and o oman a | uu. 000, . | | | Yes. Fill out Schedule H: Codebtors(Official Fo | orm ' | 206H) | | | | | |
| Date | e debt was inc | urrod | 0/00/0040 | - 🗆 | Tes. Fill out Schedule H. Codebiols(Official Fo | OIIII 2 | 2001). | | | | | |
| Date | debt was inc | urreu | 3/26/2019 | | | | | | | | | |
| Last num | 4 digits of ac | count | | | of the petition filing date, the claim is: eck all that apply. | | | | | | | |
| | | | | | Contingent | | | | | | | |
| | nultiple credit e property? | ors have | an interest in the | | Unliquidated | | | | | | | |
| Saiii | e property: | | | | Disputed | | | | | | | |
| \checkmark | No | | | | | | | | | | | |
| | | | y specified the | | | | | | | | | |
| | | | reditor, including this ative priority. | | | | | | | | | |
| | ☐ Yes. The specified | | priority of creditors is | | | | | | | | | |

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Column A

Column B

Debtor: TECT Aerospace Wellington Inc. 21-10673 Case number (if known):

Copy this page only if more space is needed. Continue numbering the lines sequentially from

Name

Additional Page Part 1:

| | previous pa | | | | | g | | 1 | , | Do no | nt of claim t deduct the of collateral. | Val | umn B ue of collateral that oports this claim |
|--------------|--|----------------------------|--------------------------|-------|-------------|--------------------|------------|------------|----------------|----------|---|-----|---|
| 4 Cred | litor's nam | e | | Des | scribe de | btor's pro | perty th | nat is sub | ect to a lien | | | | |
| Wells | s Fargo Ver | ndor Financ | cial Services, LLC | Eau | uipment: | 1 tennant s | scrubber | r model #T | 20 | \$ | 2,119.26 | \$ | Undetermined |
| Credit | or's Name | | | | | | | | | | | _ | |
| Cred | litor's mail | ing addres | s | | | | | | | | | | |
| | | | | | scribe th | e lien | | | | | | | |
| | Name | | | UC | C Financ | ing Statem | nent 115 | 968091 | | | | | |
| | 35701 | | | _ | | | | | | | | | |
| Street | | | | 1- 41 | | | | | | | | | |
| | | | | _ | | or an insi | iaer or r | eiated pa | rty ? | | | | |
| Dillin | | NAT | 50407 | _ | No | | | | | | | | |
| Billin | gs | MT | 59107 | Ш | Yes | | | | | | | | |
| City | | State | ZIP Code | | | | | | | | | | |
| Count | ·rv | | | ls a | anvone e | lse liable | on this | claim? | | | | | |
| | , litor's emai | il address. | if known | √ No | | | | | | | | | |
| | | | | П | Yes. Fill | l out S <i>che</i> | edule H: (| Codebtors | (Official Forr | n 206H). | | | |
| Date | debt was | incurred | 3/26/2019 | | | | | | • | , | | | |
| Last num | 4 digits of ber | account | | | eck all tha | | ig date, | the claim | is: | | | | |
| Do n | aultinla ara | ditara hav | e an interest in the | | Conting | gent | | | | | | | |
| | nuitiple cre e property | | e an interest in the | | Unliqui | dated | | | | | | | |
| | , | | | | Dispute | ed | | | | | | | |
| \checkmark | No | | | | | | | | | | | | |
| | Yes. Have relative pr | | dy specified the | | | | | | | | | | |
| | ☐ No. Specify each creditor, including this creditor, and its relative priority. | | | | | | | | | | | | |
| | ☐ Yes. T specifi | he relative ed on lines | priority of creditors is | - | | | | | | | | | |
| | | | | _ | | | | | | | | | |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 30 of 184

Column A

Amount of claim
Do not deduct the

Column B

Value of collateral that

Debtor: TECT Aerospace Wellington Inc. Case number (if known): 21-10673

Copy this page only if more space is needed. Continue numbering the lines sequentially from

Name

Part 1:

Additional Page

the previous page.

| | | | of collateral. | sup | ports this claim | | |
|---|--|-------------|----------------|-----|------------------|--|--|
| Creditor's name | Describe debtor's property that is subject to a | lien | | | | | |
| Wells Fargo Vendor Financial Services, LLC | Equipment: 1 tennant scrubber model #T600 | \$ | 600.77 | \$ | Undetermined | | |
| Creditor's Name Creditor's mailing address | | | | | | | |
| Creditor's maining address | Describe the lien | | | | | | |
| Notice Name | UCC Financing Statement 115968174 | | | | | | |
| PO Box 35701 | | | | | | | |
| Street | | | | | | | |
| | Is the creditor an insider or related party? | | | | | | |
| Billings MT 59107 | | | | | | | |
| City State ZIP Code | | | | | | | |
| | | | | | | | |
| Country | Is anyone else liable on this claim? | | | | | | |
| Creditor's email address, if known | ✓ No | | | | | | |
| | ☐ Yes. Fill out Schedule H: Codebtors(Official I | Form 206H). | | | | | |
| Date debt was incurred 3/26/2019 | | | | | | | |
| Last 4 digits of account number | As of the petition filing date, the claim is: Check all that apply. | | | | | | |
| Do multiple creditors have an interest in t | ☐ Contingent | | | | | | |
| same property? | ☐ Offliquidated | | | | | | |
| | □ Disputed | | | | | | |
| ☑ No | | | | | | | |
| Yes. Have you already specified the relative priority? | | | | | | | |
| No. Specify each creditor, including creditor, and its relative priority. | this | | | | | | |
| Yes. The relative priority of creditor specified on lines | s is | | | | | | |

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Column A

\$

44,143,574.72

Column B

Debtor: TECT Aerospace Wellington Inc. 21-10673 Case number (if known): Name

Copy this page only if more space is needed. Continue numbering the lines sequentially from

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional

Part 1: Additional Page

| the p | revious pag | ge. | , | ŭ , , | Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | | | | | | |
|--------------|--------------------------|----------------------------|--|---|--|---|--|--|--|--|--|--|
| 6 Cred | litor's name | • | | Describe debtor's property that is subject to a lie | n | | | | | | | |
| Wells | s Fargo Ven | dor Financ | cial Services, LLC | Equipment: 1 tennant sweepers model #S30 | \$ 1,831.4 | 49 \$ Undetermined | | | | | | |
| | or's Name | | | | - | | | | | | | |
| Cred | litor's maili | ng addres | ss | | | | | | | | | |
| | | | | Describe the lien | | | | | | | | |
| | Name | | | UCC Financing Statement 115968190 | | | | | | | | |
| | 35701 Box | | | _ | | | | | | | | |
| Street | | | | | | | | | | | | |
| | | | | Is the creditor an insider or related party? | | | | | | | | |
| | | | | ☑ No | | | | | | | | |
| Billin | <u> </u> | MT | 59107 | ☐ Yes | | | | | | | | |
| City | | State | ZIP Code | | | | | | | | | |
| 0 | | | | Is anyone else liable on this claim? | | | | | | | | |
| Counti | • | | if Irm arrow | • | | | | | | | | |
| Crea | litor's email | address, | ir known | | | | | | | | | |
| | | | | ☐ Yes. Fill out Schedule H: Codebtors(Official For | m 206H). | | | | | | | |
| Date | debt was i | ncurred | 3/26/2019 | | | | | | | | | |
| Last | 4 digits of | account | | As of the petition filing date, the claim is: | | | | | | | | |
| num | | | | Check all that apply. | | | | | | | | |
| Do : | ultiple erec | ditara bay | e an interest in the | ☐ Contingent | | | | | | | | |
| | property? | | e an interest in the | ☐ Unliquidated | | | | | | | | |
| | | | | □ Disputed | | | | | | | | |
| \checkmark | No | | | | | | | | | | | |
| | Yes. Have relative price | | dy specified the | | | | | | | | | |
| | | | creditor, including this elative priority. | | | | | | | | | |
| | ☐ Yes. The specified | ne relative ed on lines | priority of creditors is | | | | | | | | | |
| | | | | | | | | | | | | |

Page, if any.

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

| Name and address | | | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|------------------|-------|----------|---|---|
| Name | | | Line | |
| - Traine | | | | |
| Notice Name | | | | |
| Street | | | | |
| | | | | |
| | | | | |
| City | State | ZIP Code | | |
| Country | | | | |

| ill in this information to identify the case: | |
|--|----|
| Debtor Name: In re: TECT Aerospace Wellington Inc. | |
| United States Bankruptcy Court for the: District of Delaware | ПО |
| Case number (if known): 21-10673 (KBO) | a |

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 Liet | All Creditors with | DDIODITY III | neacurad Claime |
|-------------|--------------------|--------------|-----------------|

- 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.

| | | Total claim | Priority amo | ount |
|--|---|----------------------|-------------------|----------|
| Priority creditor's name and mailing address Allen, Gregory | As of the petition filing date, the claim is: Check all that apply. | \$\$ | 994.55 \$ | 2,994.55 |
| Creditor Name | ☐ Contingent | | | |
| | ☐ Unliquidated | | | |
| Creditor's Notice name | □ Disputed | | | |
| Address on File | _ | | | |
| Address | Basis for the claim: | | | |
| | Wages, Benefits, PTO, and Charitable Deductions | | | |
| | _ | _ | | |
| City State ZIP Code | - | | | |
| Country | _ | | | |
| Date or dates debt was incurred | | | | |
| 4/5/2021 | _ | | | |
| Last 4 digits of account number 6253 | | Is the claim so ☑ No | ubject to offset? | |
| Specify Code subsection of PRIORITY unsecu | red | □ Yes | | |
| claim: 11 U.S.C. § 507(a) (4) | | | | |

Debtor Name: TECT Aerospace Wellington Inc.

Case Number: 21-10673

Part 1: Additional Page

| Copy t | Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. Total Claim | | | Priority Amount | |
|--------|---|-----------------------|---|--------------------|--------------------|
| 2.2 | Priority creditor's name and address | | | \$10,768.42 | <u>\$10,768.42</u> |
| | ALLTON, DAVID | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | _ - | | |
| | | | Disputed | itable Dadoutians | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3738 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.3 | Priority creditor's name and address | | | \$9.4E6.02 | \$9.456.02 |
| 2.3 | ANDERSON, BEVERLY K | | As of the petition filing date, the claim is: | <u>\$8,456.93</u> | <u>\$8,456.93</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | | | 3 , , , , | habie Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3157 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.4 | Priority creditor's name and address | | | \$8,434.56 | \$8,434.56 |
| | AST, SAMANTHA | | As of the petition filing date, the claim is: | φο, 10 1.00 | φο, το τ.σο |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Data an datas dahtamas in annual | 415.104 | - | | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5921 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.5 | Priority creditor's name and address | | | \$5,081.6 <u>0</u> | \$5,081.60 |
| | BASINGER, CHAD E | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates dabt was incorred. | 4/5/04 | - | | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4740 | X No | | |
| | Smoothy Code sylvantion of Briggity | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.6 | Priority creditor's name and address | | | <u>\$5,002.62</u> | <u>\$5,002.62</u> |
| 0 | BERGE, STEVEN R | | As of the petition filing date, the claim is: | ψ0,002.02 | Ψ0,002.02 |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | | | IS the claim subject to offset? | | |
| | Last 4 digits of account number: | 5090 | <u> </u> | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

Debtor Name: TECT Aerospace Wellington Inc.

Case Number: 21-10673

Part 1: Additional Page

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|---------------------------------------|--|--------------------|--------------------|
| 2.7 | Priority creditor's name and address | | | \$4,436.50 | <u>\$4,436.50</u> |
| | BILLEY, MICHAEL | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5910 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | _ | | |
| 0.0 | unsecured claim: | | | A 0.055.05 | 40.055.05 |
| 2.8 | Priority creditor's name and address BOGLE, STEVEN | | As of the petition filing date, the claim is: | <u>\$2,957.37</u> | <u>\$2,957.37</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chai | ritable Deductions | |
| | | | 311, 111, 11, 11, 11 | mable Beadeliene | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5265 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.9 | Priority creditor's name and address | | | \$4,061.87 | \$4,061.87 |
| | BOND, BRENT | | As of the petition filing date, the claim is: | <u> </u> | <u> </u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | | | X No | | |
| | Last 4 digits of account number: | 1015 | | | |
| | Specify Code subsection of Priority | | ☐ Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.10 | Priority creditor's name and address | | | \$5,162.32 | <u>\$5,162.32</u> |
| | BONGATO, MARCIAL | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5903 | X No | | |
| | _ | | — ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | <u> </u> | | |
| | unsecured claim: | 11 0.3.0. § 307(a)(4) | | | |
| 2.11 | Priority creditor's name and address | | | <u>\$13,437.23</u> | <u>\$13,437.23</u> |
| | BOWLIN, RYAN ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDITEGO ON I ILE | | Crieck all triat apply. Contingent | | |
| | | | Unliquidated | | |
| | | | | | |
| | | | Disputed | stable De 1 - 1 | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | IIIable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6243 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | | | |
| | unsecured claim: | · · · · · · · · · · · · · · · · · · · | | | |

Debtor Name: TECT Aerospace Wellington Inc.

Case Number: 21-10673

Part 1: Additional Page

| RESEST, LEROY D ADDRESS ON FILE Date or dates debt was incurred: 4/5/21 | Copy th | is page only if more space is needed. C | ontinue numbering the lines sequent | ially from the previous page. | Total Claim | Priority Amount |
|--|---------|---|-------------------------------------|--|---------------------|-----------------|
| ADDRESS ON FILE Chock all that apply, Contingent Uniquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions In the claim subject to offset? In the claim subje | 2.12 | Priority creditor's name and address | | | <u>\$12,672.70</u> | \$12,672.70 |
| Contingent Contin | | · · · · · · · · · · · · · · · · · · · | | • | | |
| Date or dates debt was incurred: Last 4 digits of account number: ADRESS ON FILE Date or dates debt was incurred: Last 4 digits of account number: AS21 Last 4 digits of account number: ADRESS ON FILE Date or dates debt was incurred: Last 4 digits of account number: AS21 Last 4 digits of account number: AS21 Last 4 digits of account number: ADRESS ON FILE Date or dates debt was incurred: AS21 Last 4 digits of account number: AS221 AS24 AS25 AS of the petition filing date, the claim is: Check all hat apply. Yes Specify Code subsection of Priority unsecured claim: Date or dates debt was incurred: ADDRESS ON FILE Date or dates debt was incurred: ADDRESS ON FILE Date or dates debt was incurred: ADDRESS ON FILE Date or dates debt was incurred: ADDRESS ON FILE Date or dates debt was incurred: ADDRESS ON FILE Date or dates debt was incurred: ADDRESS ON FILE Date or dates debt was incurred: ADDRESS ON FILE Date or dates debt was incurred: AS21 Last 4 digits of account number: 6174 Specify Code subsection of Priority unsecured claim: Uniquidated Date or dates debt was incurred: AS21 Last 4 digits of account number: 6174 Specify Code subsection of Priority unsecured claim: Uniquidated Disposed Basis for the Claim: Wapes, Benefits, PTO, and Charitable Deductions is the claim subject to offset? In the claim subject to offset? A of the petition filing date, the claim is: Check all hat apply. Check all hat apply. Date or dates debt was incurred: A of the petition filing date, the claim is: Check all hat apply. Date or dates debt was incurred: A of the petition filing date, the claim is: Date or dates debt was incurred: A of the petition filing date, the claim is: Check all hat apply. Date or dates debt was incurred: A of the petition filing date, the claim is: Check all hat apply. Date or dates debt was incurred: A of the petition filing date, the claim is: Check all hat apply. Date of dates debt was incurred: A of the petition filing date, the claim is | | ADDRESS ON FILE | | | | |
| Date or dates debt was incurred: Last dights of account number: ADRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADDRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADDRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADDRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT ADDRESS ON FILE Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT Date or dates debt was incurred: Last dights of account number: Date or dates debt was incurred: Last dights of account number: ASSOCIATION AND HERBERT AS of the petition filing date, the claim is: Check all that apply. Contingent Uniquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Basis for the Claim: Uniquidated Disputed Basis for the Claim: Uniquidated Disp | | | | _ | | |
| Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Specify Code subsection of Priority unsecured claim: Vas Vas | | | | | | |
| Date or dates debt was incurred: 4/8/21 Is the claim subject to offset? Last 4 dights of account number: 4/8/20 Yeb Priority credition a name and address BROWNEE, MARK D Date or dates debt was incurred: 4/8/21 Is the petition filling date, the claim is: Check all that apply. Contingent Unitinguistated Date or dates debt was incurred: 4/8/21 Is the claim subject to offset? Last 4 dights of account number: 4/7/22 Is the claim subject to offset? As of the petition filling date, the claim is: Check all and apply. Contingent Unitinguistated Date or dates debt was incurred: 4/8/21 Is the claim subject to offset? Last 4 dights of account number: 5/7/2 Yeb Date or dates debt was incurred: 4/8/21 Is the claim subject to offset? Last 4 dights of account number: 5/7/2 Yeb Date or dates debt was incurred: 4/8/21 Is the claim subject to offset? Last 4 dights of account number: 5/7/2 Yeb Date or dates debt was incurred: 4/8/21 Is the claim was packed to offset? Last 4 dights of account number: 5/7/2 Yeb Specify Code subsection of Priority unsecured claim: Date or dates debt was incurred: 4/8/21 Is the claim subject to offset? East 4 dights of account number: 5/7/2 Yeb Specify Code subsection of Priority unsecured claim: Date or dates debt was incurred: 4/8/21 Is the claim subject to offset? Last 4 dights of account number: 5/7/2 Yeb Date or dates debt was incurred: 4/8/21 Is the claim subject to offset? Last 4 dights of account number: 5/7/2 Yeb Date or dates debt was incurred: 4/8/21 Is the claim was packed to offset? Date or dates debt was incurred: 4/8/21 Is the claim subject to offset? Last 4 dights of account number: 5/7/4 Yeb Date or dates debt was incurred: 4/8/21 Is the claim was packed to offset? Date or dates debt was incurred: 4/8/21 Is the claim was packed to offset? Date or dates debt was incurred: 4/8/21 Is the claim was packed to offset? Date or dates debt was incurred: 4/8/21 Is the claim was packed to offset? Date or dates debt was incurred: 4/8/21 Is | | | | Disputed | | |
| Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: ADDRESS ON FILE Date or dates debt was incurred: BPYONLEE BRYSON_HERBERT ADDRESS ON FILE Date or dates debt was incurred: ADDRESS ON FILE D | | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| Specify Code subsection of Priority unsecured claim: 2.73 Priority creditor's name and address RROWNLEE, MARKD RROWNLEE, MARKD ADDRESS ON FILE Date or dates debt was incurred: Last 4 digits of account number: ADDRESS ON FILE Date or dates debt was incurred: Last 4 digits of account number: ADDRESS ON FILE Date or dates debt was incurred: ASDRESS ON FILE ASDRESS ON F | | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| Specify Code subsection of Priority unsecured claim: 2.73 Priority creditor's name and address RROWNLEE, MARKD RROWNLEE, MARKD ADDRESS ON FILE Date or dates debt was incurred: Last 4 digits of account number: ADDRESS ON FILE Date or dates debt was incurred: Last 4 digits of account number: ADDRESS ON FILE Date or dates debt was incurred: ASDRESS ON FILE ASDRESS ON F | | Last 4 digits of account number: | | - | | |
| Specify Code subsection of Priority unsecured claim: 2.33 Priority reditor's name and address BROWNEE, MARK D ADDRESS ON FILE Date or dates debt was incurred: Last 4 digits of account number: Application of Priority unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: Application of Priority unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: Application of Priority unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: Application of Priority unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: Application of Priority unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: Last 4 digits of account number: Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: Last 4 digits of account number: Last 4 digits of account number: Application of Priority unsecured claim: Last 4 digits of account number: L | | | | | | |
| Intersective Claim St. 350.02 \$4.355 | | Specify Code subsection of Priority | 44.11.0.0.0.5.507(.)(4) | | | |
| BROWNLEE, MARK D ADDRESS ON FILE Check all that apply. | | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| ADDRESS ON FILE Check all that apply. Check | 2.13 | Priority creditor's name and address | | | <u>\$4,350.02</u> | \$4,350.02 |
| Contingent Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? X No Yes | | | | | | |
| Date or dates debt was incurred: 4/5/21 | | ADDRESS ON FILE | | | | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Specify Code subsection of Priority unsecured claim: Vages, Benefits, PTO, and Charitable Deductions | | | | | | |
| Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4752 Is the claim subject to offset? Yes | | | | Unliquidated | | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4752 | | | | Disputed | | |
| Last 4 digits of account number: 4752 | | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| Last 4 digits of account number: 4752 | | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| Specify Code subsection of Priority unsecured claim: 2.14 Priority creditor's name and address BRYSON, HERBERT ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. Contingent Uniquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Is the claim subject to offset? Last 4 digits of account number: 5174 Specify Code subsection of Priority unsecured claim: 2.15 Priority creditor's name and address BRYSON, SANDRA ADDRESS ON FILE Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Specify Code subsection of Priority unsecured claim: Check all that apply. Contingent Uniquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions S2.757.57 S2.757 S2.7 | | Last 4 digits of account number: | | | | |
| Specify Code subsection of Priority unsecured claim: 2.14 Priority creditor's name and address BRYSON, HERBERT ADDRESS ON FILE As of the petition filling date, the claim is: Check all that apply. Contingent Uniquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Is the claim subject to offset? Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: 2.15 Priority creditor's name and address BRYSON, SANDRA ADDRESS ON FILE Date or dates debt was incurred: ADDRESS ON FILE AS of the petition filling date, the claim is: Check all that apply. Contingent Uniquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Bryson, SANDRA ADDRESS ON FILE ADDRESS ON FILE AS of the petition filling date, the claim is: Check all that apply. Contingent Uniquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Bryson, Sandra Address Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) The petition filling date, the claim is: Check all that apply. ADDRESS ON FILE As of the petition filling date, the claim is: Check all that apply. As of the petition filling date, the claim is: Check all that apply. As of the petition filling date, the claim is: Check all that apply. | | Last 4 digits of account number. | 47.02 | | | |
| unsecured claim: Priority creditor's name and address BRYSON, HERBERT ADDRESS ON FILE Date or dates debt was incurred: Last 4 digits of account number: 5174 Specify Code subsection of Priority unsecured claim: 2.15 Priority creditor's name and address Basis for the Claim: As of the petition filling date, the claim is: Check all that apply. Conditingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions It U.S.C. § 507(a)(4) Unsecured claim: 2.15 Priority creditor's name and address Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Sacrof. SADRA As of the petition filling date, the claim is: Check all that apply. Check all that apply. Last 4 digits of account number: Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Is the claim subject to offset? Is the claim subject to offset? Is the claim subject to offset? As of the petition filling date, the claim is: Check all that apply. As of the petition filling date, the claim is: Check all that apply. As of the petition filling date, the claim is: Check all that apply. As of the petition filling date, the claim is: Check all that apply. | | Specify Code subsection of Priority | | res | | |
| BRYSON, HERBERT ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 5174 X No Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.15 Priority creditor's name and address S2.757.57 S2.757. BRYSON, SANDRA ADDRESS ON FILE Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 X No Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) As of the petition filing date, the claim is: S4.662.42 S4.662 As of the petition filing date, the claim is: Check all that apply. | | | 11 U.S.C. § 507(a)(4) | | | |
| ADDRESS ON FILE Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 5174 Specify Code subsection of Priority unsecured claim: 2.15 Priority creditor's name and address BADDRESS ON FILE ADDRESS ON FILE ADDRESS ON FILE Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE Check all that apply. Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) As of the petition filing date, the claim is: Check all that apply. | 2.14 | Priority creditor's name and address | | | \$5,296.90 | \$5,296.90 |
| Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 5174 IX No Specify Code subsection of Priority unsecured claim: 2.15 Priority creditor's name and address BRYSON, SANDRA ADDRESS ON FILE Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 IX No Specify Code subsection of Priority unsecured claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 IX No Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE ADDRESS ON FILE Check all that apply. S4.662.42 \$4.662 AD RESS ON FILE Check all that apply. Check all that apply. Check all that apply. Check all that apply. S4.662.42 \$4.662 AD RESS ON FILE Check all that apply. | | BRYSON, HERBERT | | | | |
| Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions | | ADDRESS ON FILE | | | | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 5174 IN No Yes Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.15 Priority creditor's name and address BYSON, SANDRA ADDRESS ON FILE Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4/5/21 Is the claim wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 IN No Yes Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE AS of the petition filing date, the claim is: Check all that apply. Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.17 AS of the petition filing date, the claim is: Check all that apply. | | | | Contingent | | |
| Date or dates debt was incurred: 4/5/21 Is the claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? | | | | Unliquidated | | |
| Date or dates debt was incurred: 4/5/21 | | | | ☐ Disputed | | |
| Last 4 digits of account number: 5174 Specify Code subsection of Priority unsecured claim: 2.15 Priority creditor's name and address BRYSON, SANDRA ADDRESS ON FILE ADDRESS ON FILE Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: S2.757.57 S2.757 S2.75 | | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| Last 4 digits of account number: 5174 Specify Code subsection of Priority unsecured claim: 2.15 Priority creditor's name and address BRYSON, SANDRA ADDRESS ON FILE ADDRESS ON FILE Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: S2.757.57 S2.757 S2.75 | | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| Specify Code subsection of Priority unsecured claim: 2.15 Priority creditor's name and address BRYSON, SANDRA ADDRESS ON FILE 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)(4) 2.16 Priority creditor's name and address BRYSON, SANDRA As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Is the claim subject to offset? Is the claim subject to offset? In No Yes Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. | | | | | | |
| Specify Code subsection of Priority unsecured claim: 2.15 Priority creditor's name and address BRYSON, SANDRA ADDRESS ON FILE Date or dates debt was incurred: Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: 2.16 Priority creditor's name and address S2.757.57 \$2.757 Check all that apply. Check all that apply. Check all that apply. Is the claim subject to offset? Is the claim subject to offset? No Yes Priority creditor's name and address S4.662.42 \$4.662 S4.662.42 \$4.662 S4.662.42 \$4.662 SHOCHANAN, RICKY ADDRESS ON FILE | | Last 4 digits of account number: | 5174 | | | |
| unsecured claim: 2.15 Priority creditor's name and address BRYSON, SANDRA ADDRESS ON FILE Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. | | Specify Code subsection of Priority | | Yes Yes | | |
| BRYSON, SANDRA ADDRESS ON FILE Check all that apply. Contingent Unliquidated Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. | | | 11 U.S.C. § 507(a)(4) | | | |
| BRYSON, SANDRA ADDRESS ON FILE Check all that apply. Contingent Unliquidated Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. | 2.15 | Priority creditor's name and address | | | \$2,757.57 | \$2,757.57 |
| Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE Check all that apply. | | | | As of the petition filing date, the claim is: | | |
| Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Is the claim subject to offset? Is the claim subject to offset? As of the petition filing date, the claim is: Check all that apply. | | ADDRESS ON FILE | | | | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE Bush description of the Claim: Wages, Benefits, PTO, and Charitable Deductions Is the claim subject to offset? Is the claim subject to offset? In U.S.C. § 507(a)(4) As of the petition filing date, the claim is: Check all that apply. | | | | Contingent | | |
| Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Is the claim subject to offset? X No Yes \$4.662.42 \$4.662.42 \$4.662.42 \$4.662.42 \$4.662.42 \$4.662.42 \$4.662.42 \$4.662.42 \$4.662.42 \$4.662.42 | | | | Unliquidated | | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE Sthe claim subject to offset? Is the claim subject to offset? Yes As of the petition filing date, the claim is: Check all that apply. | | | | Disputed | | |
| Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Specify Code subsection of Priority unsecured claim: Specify Code subse | | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| Last 4 digits of account number: 4099 Specify Code subsection of Priority unsecured claim: 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Specify Code subsection of Priority unsecured claim: Specify Code subse | | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| Specify Code subsection of Priority unsecured claim: 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE Specify Code subsection of Priority unsecured claim: As of the petition filing date, the claim is: Check all that apply. | | | | | | |
| Specify Code subsection of Priority unsecured claim: 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE Section 11 U.S.C. § 507(a)(4) As of the petition filing date, the claim is: Check all that apply. | | Last 4 digits of account number. | 4099 | | | |
| unsecured claim: 2.16 Priority creditor's name and address BUCHANAN, RICKY ADDRESS ON FILE S4,662.42 \$4,662 As of the petition filing date, the claim is: Check all that apply. | | Specify Code subsection of Priority | | Yes Yes | | |
| BUCHANAN, RICKY As of the petition filing date, the claim is: ADDRESS ON FILE Check all that apply. | | | 11 U.S.C. § 507(a)(4) | | | |
| BUCHANAN, RICKY As of the petition filing date, the claim is: ADDRESS ON FILE Check all that apply. | 2.16 | Priority creditor's name and address | | | \$4,662,42 | \$4,662.42 |
| | | | | As of the petition filing date, the claim is: | <u> </u> | <u> </u> |
| ☐ Contingent | | ADDRESS ON FILE | | | | |
| | | | | Contingent | | |
| ☐ Unliquidated | | | | ☐ Unliquidated | | |
| ☐ Disputed | | | | Disputed | | |
| Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions | | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? | | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | | | | | | |
| <u>—</u> | | Last 4 digits of account number: | 0929 | | | |
| Specify Code subsection of Priority 44 H C C S 507(2)(4) | | Specify Code subsection of Priority | | ☐ Yes | | |
| unsecured claim: 11 U.S.C. § 507(a)(4) | | | 11 U.S.C. § 507(a)(4) | | | |

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| Copy t | his page only if more space is needed. C | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|--------|--|--------------------------------------|--|--------------------|--|
| 2.17 | Priority creditor's name and address | | | <u>\$10,161.51</u> | <u>\$10,161.51</u> |
| | BURKEY, TERESA K | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | _ | | |
| | | | Disputed | itable Dadoutians | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2785 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | | | |
| 0.40 | unsecured claim: | | | | * * * * * * * * * * * * * * * * * * * |
| 2.18 | Priority creditor's name and address BYERS, JUSTIN | | As of the petition filing date, the claim is: | \$10,280.42 | \$10,280.42 |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | itable Deductions | |
| | | | 3 , , , , | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6248 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.19 | Priority creditor's name and address | | | \$2,360.75 | \$2,360.75 |
| 2.10 | CABALQUINTO, RAYMOND | | As of the petition filing date, the claim is: | Ψ2,300.73 | Ψ2,300.73 |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | <u>-</u> | | |
| | | | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6211 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.20 | Priority creditor's name and address | | | <u>\$2,124.95</u> | <u>\$2,124.95</u> |
| | CAMPBELL, JUSTIN | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5995 | X No | | |
| | Last 4 digits of account number. | 3993 | ☐ Yes | | |
| | Specify Code subsection of Priority | | LI Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.21 | Priority creditor's name and address | | | <u>\$5,116.39</u> | <u>\$5,116.39</u> |
| | CAPRON, ERIK M | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4783 | X No | | |
| | | - | ☐ Yes | | |
| ĺ | Specify Code subsection of Priority | 11115 C & F07(a)(4) | — · | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | his page only if more space is needed. C | ontinue numbering the lines sequenti | ially from the previous page. | Total Claim | Priority Amount |
|---------|--|--------------------------------------|--|--------------------|--------------------|
| 2.22 | Priority creditor's name and address | | | <u>\$13,138.01</u> | <u>\$13,138.01</u> |
| | CASE, JASON ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4384 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.23 | Priority creditor's name and address | | | \$3,686.3 <u>3</u> | <u>\$3,686.33</u> |
| | CASTANEDA, RAMIRO | | As of the petition filing date, the claim is: | | _ |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | | | 3 , , , , | lable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4951 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.24 | Priority creditor's name and address | | - con the entry to the distriction | <u>\$11,237.61</u> | <u>\$11,237.61</u> |
| | CINK, BOBBY W ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDICEGO ON FILE | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2181 | X No | | |
| | - | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.25 | Priority creditor's name and address | | | <u>\$3,981.65</u> | <u>\$3,981.65</u> |
| | CLARK, MARK W | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2558 | X No | | |
| | Last 4 digits of account number. | 2330 | ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | ☐ 165 | | |
| | unsecured claim: | | | | |
| 2.26 | Priority creditor's name and address CLOW, LEROY | | As of the petition filing date, the claim is: | <u>\$3,774.64</u> | \$3,774.64 |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3074 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|--------------------------------------|--|---------------------|---------------------|
| 2.27 | Priority creditor's name and address | | | <u>\$2,755.56</u> | <u>\$2,755.56</u> |
| | COOK, ROBERT L | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2317 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | | | |
| | unsecured claim: | 11 0.0.0. § 507 (a)(+) | | | |
| 2.28 | Priority creditor's name and address | | | <u>\$4,039.48</u> | \$4,039.48 |
| | COX, JOSEPH | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. ☐ Contingent | | |
| | | | | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6252 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | _ | | |
| | unsecured claim: | | | | |
| 2.29 | Priority creditor's name and address | | | <u>\$14,068.78</u> | <u>\$13,650.00</u> |
| | CRAVENS, KELLY ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | - | | |
| | | | Disputed | 3 II 5 I 2 | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 9183 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2 20 | Priority creditor's name and address | | | \$40,000.70 | \$40,000 7 0 |
| 2.30 | DATTOLA, DAN | | As of the petition filing date, the claim is: | <u>\$10,936.72</u> | <u>\$10,936.72</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | | | X No | | |
| | Last 4 digits of account number: | 6017 | _ | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.31 | Priority creditor's name and address | | | \$4,582.2 <u>3</u> | \$4,582.23 |
| | DELAIN, DANIEL | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5985 | X No | | |
| | 3 | | — ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | — 1-2 | | |
| | unsecured claim: | 11 0.3.0. 8 307 (d)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequentia | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|---------------------------------------|--|---------------------|-------------------|
| 2.32 | Priority creditor's name and address | | | <u>\$3,814.35</u> | <u>\$3,814.35</u> |
| | DELANO, ROCKY ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDICESS ON FILE | | Crieck all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2336 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.33 | Priority creditor's name and address | | | <u>\$7,891.65</u> | <u>\$7,891.65</u> |
| | DELOZIER, JOSEPH | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2190 | X No | | |
| | Last 7 digits of docount names. | 2190 | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.34 | Priority creditor's name and address | | | \$57.69 | \$57.69 |
| 2.01 | DEPARTMENT OF THE TREASURY | | As of the petition filing date, the claim is: | ψοου | ψοι |
| | INTERNAL REVENUE SERVICE | | Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | 0002.11, 01 0 .20. 0000 | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferr | al | |
| | Date or dates debt was incurred: | 4/24/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.35 | Priority creditor's name and address | | | <u>\$169.02</u> | <u>\$169.02</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | INTERNAL REVERSE SERVISE | | Contingent | | |
| | OGDEN, UT 84201-0005 | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferr | al | |
| | Date or dates debt was incurred: | 5/22/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | - | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | _ | | |
| 2.36 | Priority creditor's name and address | | | \$385.23 | \$385.23 |
| | DEPARTMENT OF THE TREASURY | | As of the petition filing date, the claim is: | | |
| | INTERNAL REVENUE SERVICE | | Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | ☐ Contingent ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferr | ral | |
| | Barrier Island Island | 7/00/00 | , | ai | |
| | Date or dates debt was incurred: | 7/22/20 | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 4768 | | | |
| | Specify Code subsection of Priority | 4444.0.0.0.507()(0) | ☐ Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequen | tially from the previous page. | Total Claim | Priority Amount |
|---------|--|------------------------------------|---|-------------------|-------------------|
| 2.37 | Priority creditor's name and address | | | <u>\$461.90</u> | <u>\$461.90</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | INTERNAL REVENUE SERVICE | | Contingent | | |
| | OGDEN, UT 84201-0005 | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 12/23/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.38 | Priority creditor's name and address | | | \$3,076.71 | \$3,076.71 |
| | DEPARTMENT OF THE TREASURY | | As of the petition filing date, the claim is: | <u> </u> | φο,οτο.τ |
| | INTERNAL REVENUE SERVICE | | Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | 332., 3. 3.23. 333 | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 7/14/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Consider Control on the action of Pointies | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.39 | Priority creditor's name and address | | | \$3,961.97 | \$3,961.97 |
| | DEPARTMENT OF THE TREASURY | | As of the petition filing date, the claim is: | <u> </u> | <u> </u> |
| | INTERNAL REVENUE SERVICE | | Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | , | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 4/29/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.40 | Priority creditor's name and address | | | \$4,203.07 | \$4,203.07 |
| | DEPARTMENT OF THE TREASURY | | As of the petition filing date, the claim is: | | |
| | INTERNAL REVENUE SERVICE | | Check all that apply. Contingent | | |
| | OGDEN, UT 84201-0005 | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 6/20/20 | | | |
| | | 6/29/20 | Is the claim subject to offset? 区 No | | |
| | Last 4 digits of account number: | 4768 | ☐ Yes | | |
| | Specify Code subsection of Priority | 44.11.0.0. \$ 507(-)(0) | ☐ Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.41 | Priority creditor's name and address | | | <u>\$4,455.26</u> | <u>\$4,455.26</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | EINWEINE VENUE SERVICE | | Check all that apply. Contingent | | |
| | OGDEN, UT 84201-0005 | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 12/14/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Lact 7 digits of docount number. | | ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(8) | <u> </u> | | |
| | unsecured claim: | 11 U.S.C. 8 50/(a)(b) | | | |

| Copy th | nis page only if more space is needed. Co | ontinue numbering the lines sequentia | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|---------------------------------------|--|--------------------|-------------------|
| 2.42 | Priority creditor's name and address | | | <u>\$4,478.99</u> | <u>\$4,478.99</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | ☐ Contingent ☐ Unliquidated | | |
| | | | ☐ Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 11/12/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | Yes | | |
| 2.43 | Priority creditor's name and address | | | <u>\$4,478.99</u> | \$4,478.99 |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | OGDEN, O1 0-201 0000 | | Unliquidated | | |
| | | | Disputed CARES ACT Revisell Tay Deferred | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 11/27/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | Yes | | |
| 2.44 | Priority creditor's name and address | | | \$4,632.49 | \$4,632.49 |
| _ | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | y 112 2 | 3 / |
| | OGDEN, UT 84201-0005 | | ☐ Contingent☐ Unliquidated | | |
| | | | ☐ Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 10/29/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | Yes | | |
| 2.45 | Priority creditor's name and address | | | \$4,998.83 | \$4,998.83 |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OODEN LIT 9/201 0005 | | Contingent | | |
| | OGDEN, UT 84201-0005 | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 10/14/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.46 | Priority creditor's name and address | | | \$5,098.27 | \$5,098.27 |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. Contingent | | |
| | OGDEN, UT 84201-0005 | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 8/28/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequentia | ally from the previous page. | Total Claim | Priority Amount |
|---------|---|---------------------------------------|--|-------------------|-------------------|
| 2.47 | Priority creditor's name and address | | | <u>\$5,181.05</u> | <u>\$5,181.05</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | ☐ Contingent ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 9/29/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.48 | Priority creditor's name and address | | | \$5,398.68 | \$5,398.68 |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | WENTER REVENUE SERVICE | | Contingent | | |
| | OGDEN, UT 84201-0005 | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 9/14/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.49 | Priority creditor's name and address | | | <u>\$5,401.97</u> | <u>\$5,401.97</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | | | Contingent | | |
| | OGDEN, UT 84201-0005 | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 6/12/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority | 44 11 0 0 0 5 507(-)(0) | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.50 | Priority creditor's name and address DEPARTMENT OF THE TREASURY | | As of the petition filing date, the claim is: | <u>\$5,787.68</u> | <u>\$5,787.68</u> |
| | INTERNAL REVENUE SERVICE | | Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | OGDEN, 01 04201-0003 | | Unliquidated | | |
| | | | Disputed CARES ACT Reveal Tay Deferred | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 4/14/20 | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 4768 | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(8) | | | |
| 0.54 | unsecured claim: | | | *** | |
| 2.51 | Priority creditor's name and address DEPARTMENT OF THE TREASURY | | As of the petition filing date, the claim is: | <u>\$6,204.11</u> | <u>\$6,204.11</u> |
| | INTERNAL REVENUE SERVICE | | Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | | | ☐ Unliquidated ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 7/16/20 | • | | |
| | Last 4 digits of account number: | 4768 | Is the claim subject to offset? X No | | |
| | a.g or account number. | ••• | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | _ | | |

| Deletion filling date, the claim is: OCDEN, UT 84201-0005 Deletion dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Deletion dates debt was incurred: Specify Code subsection of Priority unsecured claim: OGDEN, UT 84201-0005 Deletion dates debt was incurred: Specify Code subsection of Priority unsecured claim: OGDEN, UT 84201-0005 Deletion dates debt was incurred: Specify Code subsection of Priority unsecured claim: OGDEN, UT 84201-0005 Deletion dates debt was incurred: Specify Code subsection of Priority unsecured claim: Deletion dates debt was incurred: Specify Code subsection of Priority unsecured claim: Deletion dates debt was incurred: Specify Code subsection of Priority unsecured claim: Deletion dates debt was incurred: Deletion dates debt was incurred: Specify Code subsection of Priority unsecured claim: Unsecured claim: Deletion dates debt was incurred: Deletion dates debt was incurred: Specify Code subsection of Priority unsecured claim: Unsecured claim: Deletion dates debt was incurred: Specify Code subsection of Priority unsecured claim: Unsecur | Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. | | | Total Claim | Priority Amount | |
|---|--|--------------------------------------|-----------------------|---|--------------------|--------------------|
| New Substitute Service Contingent Cont | 2.52 | | | | \$6,424.19 | <u>\$6,424.19</u> |
| OGDEN, LIT 84-201-0005 Date or dates debt was incurred: Last 4 digits of account number: 4788 Specify Code subsection of Priority unsecured claim: Different of the Claim: CARES ACT Payroll Tax Deferral to the Calculation: 11 U.S.C. \$ 507(a)(8) 12 A or the petition filling date, the claim is: Check all next apply Unsecured claim: Different of the Claim: Specify Code subsection of Priority unsecured claim: Different of the Claim: Specify Code subsection of Priority unsecured claim: Different of the Claim: Specify Code subsection of Priority Unsecured claim: Different of the Claim: Specify Code subsection of Priority Unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: A or the petition filling date, the claim is: Check all next apply Unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: A or the petition filling date, the claim is: Check all next apply Unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: A or the petition filling date, the claim is: Check all next apply Unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: A or the petition filling date, the claim is: Check all next apply Unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: A or the petition filling date, the claim is: Check all next apply Unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: A or the petition filling date, the claim is: Check all next apply Unsecured claim: 11 U.S.C. \$ 500*(c)(8) Date or dates debt was incurred: Last 4 digits of account number: A or the petition filling date, the claim is: Check all next apply Unsecured claim: Check all nex | | | | Check all that apply. | | |
| Basis for the Claim: CARES ACT Payroll Tax Defends Last 4 digits of account number: 4788 No. | | OGDEN, UT 84201-0005 | | Unliquidated | | |
| Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: 11 U.S.C. \$ 507(a)(8) 1253 Priority creditor's name and address DEPARTMENT OF THE TREASURY NTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: 4789 Specify Code subsection of Priority unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: 4789 Date or dates debt was incurred: Last 4 digits of account number: 4789 Date or dates debt was incurred: Date or dates debt was incurred: 4789 Department Of THE TREASURY NTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: 4789 | | | | _ · | | |
| Specify Code aubsection of Priority Interest Review Service OGDEN, UT 84201-0006 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 OGDEN, UT 84201-0005 OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: OGDEN, UT 84201-0005 OGDEN, UT 84201 | | Date or dates debt was incurred: | 5/28/20 | Is the claim subject to offset? | | |
| US.C. \$507(a)(8) ST.492.51 | | Last 4 digits of account number: | 4768 | _ | | |
| BEPARTMENT OF THE TREASURY NETRONA. REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: As of the petition rilling date, the claim is: CARES ACT Payroll Tax Deferral Is the claim: CARES ACT Payroll Tax Deferral Last 4 digits of account number: A788 Deter or dates debt was incurred: CODEN, UT 84201-0005 Date or dates debt was incurred: CODEN, UT 84201-0005 Date or dates debt was incurred: As of the petition rilling date, the claim is: CARES ACT Payroll Tax Deferral Last 4 digits of account number: A788 Specify Code subsection of Priority unsecured claim: Date or dates debt was incurred: Last 4 digits of account number: A788 DEPARTMENT OF THE TREASURY NTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 DEPARTMENT OF THE TREASURY NTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 DEPARTMENT OF THE TREASURY NTERNAL REVENUE SERVICE OGDEN, UT 84201-0006 Date or dates debt was incurred: Last 4 digits of account number: A788 DEPARTMENT OF THE TREASURY NTERNAL REVENUE SERVICE OGDEN, UT 84201-0006 Date or dates debt was incurred: Last 4 digits of account number: A788 DEPARTMENT OF THE TREASURY NTERNAL REVENUE SERVICE OGDEN, UT 84201-0006 Date or dates debt was incurred: Last 4 digits of account number: A780 Date or dates debt was incurred: Last 4 digits of account number: A780 Date or dates debt was incurred: Last 4 digits of account number: A780 Date or dates debt was incurred: Last 4 digits of account number: A780 Date or dates debt was incurred: Last 4 digits of account number: A780 Date or dates debt was incurred: Last 4 digits of account number: A780 Date or dates debt was incurred: Last 4 digits of account number: A780 Date or dates debt was incurred: Last 4 digits of account number: A780 Date or dates debt was incurred: Last 4 digits of account number: A780 Date or dates debt was incurred: Last 4 digits of account number: A780 Date or dates debt was incurred: Last 4 digits of account number: A78 | | | 11 U.S.C. § 507(a)(8) | | | |
| NTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and the petition filing date, the claim is: OGDEN, UT 84201-0005 Date or dates debt was incurred: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of Priority creditor's name and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim: Specify Code subsection of Priority unsecured claim: Total and address of the Claim is: | 2.53 | | | As of the motition filling date the plane in | <u>\$7,492.51</u> | \$7,492.51 |
| Disputed | | | | Check all that apply. | | |
| Date or dates debt was incurred: Last 4 digits of account number: A768 Specify Code subsection of Priority unsecured dains: Date or dates debt was incurred: Last 4 digits of account number: A768 Specify Code subsection of Priority unsecured dains: Date or dates debt was incurred: Last 4 digits of account number: A768 Specify Code subsection of Priority unsecured dains: Date or dates debt was incurred: Last 4 digits of account number: A768 Specify Code subsection of Priority unsecured dains: Disputable Specify Code subsection of Priority unsecured dains: Date or dates debt was incurred: COGDEN, UT 84201-0005 Specify Code subsection of Priority unsecured dains: DEPARTMENTENT OF THE TREASURY AF68 Specify Code subsection of Priority unsecured dains: Date or dates debt was incurred: COGDEN, UT 84201-0005 Specify Code subsection of Priority unsecured dains: Date or dates debt was incurred: COGDEN, UT 84201-0005 Specify Code subsection of Priority unsecured dains: Date or dates debt was incurred: COGDEN, UT 84201-0005 Specify Code subsection of Priority unsecured dains: Date or dates debt was incurred: COGDEN, UT 84201-0005 Specify Code subsection of Priority unsecured dains: Date or dates debt was incurred: COGDEN, UT 84201-0005 Specify Code subsection of Priority unsecured dains: Date or dates debt was incurred: COGDEN, UT 84201-0005 Specify Code subsection of Priority unsecured dains: COGDEN, UT 84201-0005 Specify Code subsection of Priority the Scenario of the Claims unsecured dains: COGDEN, UT 84201-0005 Specify Code subsection of Priority Specify | | OGDEN, UT 84201-0005 | | | | |
| Date or dates debt was incurred: Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: 2.64 Priority rereditor's name and address priority (1.5 € 507(a)(8) DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: Date or dates debt was incurred: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: Date or dates debt was incurred: As of the petition filling date, the claim is: Check all that apply. Check all that app | | | | | | |
| Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: DEPARTMENT OF THE TREASURY NOEPARLEY CHECK SERVICE OGDEN, UT 94201-0005 Date or dates debt was incurred: Last 4 digits of account number: 4768 Date or dates debt was incurred: Last 4 digits of account number: Date or dates debt was incurred: Last 4 digits of account number: Date or dates debt was incurred: Last 4 digits of account number: Date or dates debt was incurred: Last 4 digits of account number: Department of THE TREASURY NITERNAL REVENUE SERVICE OGDEN, UT 94201-0005 Date or dates debt was incurred: Date or dates debt was incurred: Date or dates debt was incurred: Date or dates debt was incurred: Date or dates deb | | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: DEPARTMENT OF THE TREASURY NOEPARLEY CHECK SERVICE OGDEN, UT 94201-0005 Date or dates debt was incurred: Last 4 digits of account number: 4768 Date or dates debt was incurred: Last 4 digits of account number: Date or dates debt was incurred: Last 4 digits of account number: Date or dates debt was incurred: Last 4 digits of account number: Date or dates debt was incurred: Last 4 digits of account number: Department of THE TREASURY NITERNAL REVENUE SERVICE OGDEN, UT 94201-0005 Date or dates debt was incurred: Date or dates debt was incurred: Date or dates debt was incurred: Date or dates debt was incurred: Date or dates deb | | Date or dates debt was incurred: | 5/14/20 | Is the claim subject to offset? | | |
| Specify Code subsection of Priority unsecured claim: 2.54 Priority creditor's name and address Department of the transport o | | Last 4 digits of account number: | 4768 | - | | |
| unsecured claim: 1 U.S.C. § 507(a)(8) Priority creditor's name and address S12,627.11 S12 | | | | Yes | | |
| DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: 772/20 Last 4 digits of account number: 4768 DPPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 DEPARTMENT OF THE TREASURY Last 4 digits of account number: 4768 DEPARTMENT OF THE TREASURY Last 4 digits of account number: 4768 DEPARTMENT OF THE TREASURY Last 4 digits of account number: 4768 DEPARTMENT OF THE TREASURY Last 4 digits of account number: 4768 DEPARTMENT OF THE TREASURY Last 4 digits of account number: 4768 DEPARTMENT OF THE TREASURY Last 4 digits of account number: 4768 DEPARTMENT OF THE TREASURY Last 4 digits of account number: 4768 DEPARTMENT OF THE TREASURY Last 4 digits of account number: 4768 DEPARTMENT OF THE TREASURY Last 4 digits of account number: 4768 DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 DEPARTMENT OF THE TREASURY Last 4 digits of account number: 4768 DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 DEPARTMENT OF THE TREASURY Light of account number: 4768 DEPARTMENT OF THE TREASURY Light of account number: 4768 DEPARTMENT OF THE TREASURY Light of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Specify Code subsection of Priority Last 4 digits of account number: 4768 No Spe | | | 11 U.S.C. § 507(a)(8) | | | |
| INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: 7/220 Last 4 digits of account number: 4768 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8) 2.55 Priority reditor's name and address Date or dates debt was incurred: 5/720 Date or dates debt was incurred: 5/720 Last 4 digits of account number: 4768 Date or dates debt was incurred: 5/720 Last 4 digits of account number: 4768 Specify Code subsection of Priority internal revenue claim: 11 U.S.C. § 507(a)(8) Date or dates debt was incurred: 5/720 Last 4 digits of account number: 4768 Department of Priority unsecured claim: CARES ACT Payroll Tax Deferral last 4 digits of account number: 4768 Department of Priority reditor's name and address Department of Priority unsecured claim: CARES ACT Payroll Tax Deferral last 4 digits of account number: 4768 Department of Priority reditor's name and address Department of Priority unsecured claim: CARES ACT Payroll Tax Deferral last 4 digits of account number: 4768 Department of Priority reditor's name and address Department of Priority Internal Revenue Service OGDEN, UT 84201-0005 Department of Priority action of Priority and Deferral last 4 digits of account number: 4768 Date or dates debt was incurred: 6/18/20 Last 4 digits of account number: 4768 Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) | 2.54 | | | As of the notition filling date the plain is | <u>\$12,627.11</u> | <u>\$12,627.11</u> |
| Date or dates debt was incurred: 7/2/20 Is the claim: CARES ACT Payroll Tax Deferral | | | | Check all that apply. | | |
| Date or dates debt was incurred: 7/2/20 Is the claim: CARES ACT Payroll Tax Deferral | | OGDEN, UT 84201-0005 | | | | |
| Date or dates debt was incurred: 7/2/20 Is the claim subject to offset? Last 4 digits of account number: 4768 X No Yes Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8) 2.55 Priority creditor's name and address DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Unliquidated Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral Last 4 digits of account number: 4768 X No Yes 2.56 Priority creditor's name and address DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE Contingent Unliquidated Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral 11 U.S.C. § 507(a)(8) 11 U.S.C. § 507(a)(8) 2.56 Priority creditor's name and address DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE Contingent Unliquidated Disputed Date or dates debt was incurred: 6/18/20 Is the claim subject to offset? Last 4 digits of account number: 4768 X No Unliquidated Disputed Date or dates debt was incurred: 6/18/20 Is the claim subject to offset? Last 4 digits of account number: 4768 X No Yes Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) Last 4 digits of account number: 4768 X No Yes Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) Yes Last 4 digits of account number: 4768 X No Yes Yes Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) Yes | | | | Disputed | | |
| Last 4 digits of account number: 4768 | | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| Specify Code subsection of Priority unsecured claim: 2.55 Priority creditor's name and address DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: 4768 Specify Code subsection of Priority unsecured claim: 2.56 Priority creditor's name and address Date or dates debt was incurred: 5.7/20 Last 4 digits of account number: 4768 Specify Code subsection of Priority unsecured claim: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral As of the petition filing date, the claim is: CARES ACT Payroll Tax Deferral Last 4 digits of account number: 4768 Specify Code subsection of Priority Unsecured claim: Check all that apply. Chec | | Date or dates debt was incurred: | 7/2/20 | Is the claim subject to offset? | | |
| Specify Code subsection of Priority unsecured claim: 2.55 Priority creditor's name and address DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: Last 4 digits of account number: 2.56 Priority creditor's name and address Specify Code subsection of Priority unsecured claim: 2.57 As of the petition filling date, the claim is: Check all that apply. Check all that apply. Check all that apply. Check all that apply. CARES ACT Payroll Tax Deferral Is the claim subject to offset? In U.S.C. § 507(a)(8) Specify Code subsection of Priority unsecured claim: 2.58 Priority creditor's name and address DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: Date or dates debt was incurred: 6/18/20 Is the claim: CARES ACT Payroll Tax Deferral Date or dates debt was incurred: 6/18/20 Is the claim: CARES ACT Payroll Tax Deferral Date or dates debt was incurred: 6/18/20 Is the claim subject to offset? No Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) 11 U.S.C. § 507(a)(8) | | Last 4 digits of account number: | 4768 | X No | | |
| unsecured claim: Trussury Priority creditor's name and address \$13,166.97 | | | | ☐ Yes | | |
| DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 | | | 11 U.S.C. § 507(a)(8) | | | |
| INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: 5/7/20 Last 4 digits of account number: 4768 Specify Code subsection of Priority unsecured claim: DEFARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: 6/18/20 Last 4 digits of account number: 4768 Date or dates debt was incurred: 6/18/20 Last 4 digits of account number: 4768 Date or dates debt was incurred: 6/18/20 Last 4 digits of account number: 4768 Specify Code subsection of Priority Unliquidated Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral Is the claim subject to offset? In Internal Revenue Service Check all that apply. Contingent Check all that apply. Check all that apply. Contingent Check all that apply. Check all that apply. Contingent Check all that apply. C | 2.55 | Priority creditor's name and address | | | <u>\$13,166.97</u> | \$13,166.97 |
| OGDEN, UT 84201-0005 Unliquidated Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral Date or dates debt was incurred: 5/7/20 Is the claim subject to offset? Last 4 digits of account number: 4768 No Yes Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8) 2.56 Priority creditor's name and address S13.496.53 \$13.496.53 DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE Check all that apply. Contingent OGDEN, UT 84201-0005 Unliquidated Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral Date or dates debt was incurred: 6/18/20 Is the claim subject to offset? Last 4 digits of account number: 4768 No Yes Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) | | | | Check all that apply. | | |
| Date or dates debt was incurred: 5/7/20 | | OGDEN, UT 84201-0005 | | _ - | | |
| Basis for the Claim: CARES ACT Payroll Tax Deferral Date or dates debt was incurred: 5/7/20 Is the claim subject to offset? Last 4 digits of account number: 4768 X No Yes | | | | _ | | |
| Last 4 digits of account number: 4768 | | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| Last 4 digits of account number: 4768 | | Date or dates debt was incurred: | 5/7/20 | Is the claim subject to offset? | | |
| Specify Code subsection of Priority unsecured claim: 2.56 Priority creditor's name and address DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Date or dates debt was incurred: Date or dates debt was incurred: Code subsection of Priority Last 4 digits of account number: 4768 Specify Code subsection of Priority 11U.S.C. § 507(a)(8) 11U.S.C. § 507(a)(8) | | Last 4 digits of account number: | 4768 | X No | | |
| DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 OGDEN, UT 84201-0005 Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral Date or dates debt was incurred: 6/18/20 Last 4 digits of account number: 4768 Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) | | | 11 U.S.C. § 507(a)(8) | | | |
| INTERNAL REVENUE SERVICE OGDEN, UT 84201-0005 Unliquidated Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral Date or dates debt was incurred: 6/18/20 Last 4 digits of account number: 4768 Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) | 2.56 | - ' | | As a first a series of filters and a series to | <u>\$13,496.53</u> | <u>\$13,496.53</u> |
| OGDEN, UT 84201-0005 Unliquidated Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral Date or dates debt was incurred: 6/18/20 Last 4 digits of account number: 4768 Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) | | | | Check all that apply. | | |
| Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral Date or dates debt was incurred: 6/18/20 Is the claim subject to offset? Last 4 digits of account number: 4768 X No Specify Code subsection of Priority 11 LLS C. § 507(a)(8) | | OGDEN, UT 84201-0005 | | | | |
| Basis for the Claim: CARES ACT Payroll Tax Deferral Date or dates debt was incurred: 6/18/20 Is the claim subject to offset? Last 4 digits of account number: 4768 X No Specify Code subsection of Priority 11 LLS C. § 507(a)(8) | | | | | | |
| Last 4 digits of account number: 4768 X No Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) | | | | _ · | | |
| Last 4 digits of account number: 4768 X No Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) | | Date or dates debt was incurred: | 6/18/20 | Is the claim subject to offset? | | |
| Specify Code subsection of Priority 11 U.S.C. § 507(a)(8) | | Last 4 digits of account number: | | - | | |
| 11 U.S. (3.850)/(3)(8) | | | | Yes | | |
| | | | 11 U.S.C. § 507(a)(8) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequentia | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|---------------------------------------|--|--------------------|--------------------|
| 2.57 | Priority creditor's name and address | | | <u>\$15,438.24</u> | <u>\$15,438.24</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | ☐ Contingent ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 8/27/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.58 | Priority creditor's name and address | | | <u>\$15,695.59</u> | <u>\$15,695.59</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | | | ☐ Unliquidated ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | | | | | |
| | Date or dates debt was incurred: | 7/30/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | Yes | | |
| 2.59 | Priority creditor's name and address | | | \$16,354.60 | \$16,354.60 |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | ☐ Contingent ☐ Unliquidated | | |
| | | | ☐ Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 9/10/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | - | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.60 | Priority creditor's name and address | | the second of the second secon | \$16,433.32 | \$16,433.32 |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | | | Contingent | | |
| | OGDEN, UT 84201-0005 | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 4/23/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.61 | Priority creditor's name and address | | | <u>\$16,717.54</u> | <u>\$16,717.54</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | | | ☐ Unliquidated ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Data and data adalah was in sumada | 0/04/00 | • | | |
| | Date or dates debt was incurred: Last 4 digits of account number: | 9/24/20 4768 | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number. | 4700 | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | — 156 | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|---------|---|--------------------------------------|--|--------------------|--------------------|
| 2.62 | Priority creditor's name and address | | | <u>\$16,857.46</u> | <u>\$16,857.46</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | | | ☐ Unliquidated ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 6/4/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.63 | Priority creditor's name and address | | | \$17,703.40 | <u>\$17,703.40</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | | | ☐ Unliquidated ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Barrier Land Land | 44/40/00 | , | | |
| | Date or dates debt was incurred: | 11/19/20 | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 4768 | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | Tes | | |
| 2.64 | Priority creditor's name and address | | | \$17,765.38 | <u>\$17,765.38</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | ☐ Contingent ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 10/22/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.65 | Priority creditor's name and address | | | <u>\$18,248.99</u> | <u>\$18,248.99</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | INTERNAL NEVENOL CERVICE | | Contingent | | |
| | OGDEN, UT 84201-0005 | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 11/5/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Briggity | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.66 | Priority creditor's name and address | | | <u>\$18,450.31</u> | <u>\$18,450.31</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 12/17/20 | • | | |
| | Last 4 digits of account number: | 4768 | Is the claim subject to offset? X No | | |
| | augus of account fluiliber. | 50 | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | - | | |

| Copy t | his page only if more space is needed. C | ontinue numbering the lines sequenti | ially from the previous page. | Total Claim | Priority Amount |
|--------|--|--------------------------------------|--|--|--------------------|
| 2.67 | Priority creditor's name and address | | | \$18,886.74 | <u>\$18,886.74</u> |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | | | Contingent | | |
| | OGDEN, UT 84201-0005 | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 12/3/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.68 | Priority creditor's name and address | | | \$19,652.95 | \$19,652.95 |
| | DEPARTMENT OF THE TREASURY | | As of the petition filing date, the claim is: | * · · · · · · · · · · · · · · · · · · · | <u>* -,</u> |
| | INTERNAL REVENUE SERVICE | | Check all that apply. Contingent | | |
| | OGDEN, UT 84201-0005 | | ☐ Unliquidated | | |
| | | | | | |
| | | | ☐ Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | | | , | | |
| | Date or dates debt was incurred: | 5/21/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.69 | Priority creditor's name and address | | | <u>\$19,847.32</u> | <u>\$19,847.32</u> |
| | DEPARTMENT OF THE TREASURY | | As of the petition filing date, the claim is: | | |
| | INTERNAL REVENUE SERVICE | | Check all that apply. Contingent | | |
| | OGDEN, UT 84201-0005 | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date on dates dobt was incurred: | 40/0/00 | ,,,,,,, | | |
| | Date or dates debt was incurred: | 10/8/20 | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 4768 | | | |
| | Specify Code subsection of Priority | 441100 0 5507/5\/0\ | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.70 | Priority creditor's name and address | | to the second of | \$20,533.62 | \$20,533.62 |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | INTERIOR SECTION | | Contingent | | |
| | OGDEN, UT 84201-0005 | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 8/13/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | 2401 1 413110 21 41224111 | 1100 | — ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(8) | | | |
| 2.74 | unsecured claim: | | | | |
| 2.71 | Priority creditor's name and address DEPARTMENT OF THE TREASURY | | As of the petition filing date, the claim is: | <u>\$22,542.62</u> | <u>\$22,542.62</u> |
| | INTERNAL REVENUE SERVICE | | Check all that apply. | | |
| | CODEN LIT 04204 0005 | | ☐ Contingent | | |
| | OGDEN, UT 84201-0005 | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 12/30/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |

| Copy th | nis page only if more space is needed. C | ontinue numbering the lines sequen | tially from the previous page. | Total Claim | Priority Amount |
|---------|--|------------------------------------|--|--------------------|--------------------|
| 2.72 | Priority creditor's name and address | | | \$26,327.50 | \$26,327.50 |
| | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | OGDEN, UT 84201-0005 | | Contingent | | |
| | , | | Unliquidated | | |
| | | | Disputed Basis for the Claim: CARES ACT Payroll Tax Deferral | | |
| | Date or dates debt was incurred: | 4/9/20 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.73 | Priority creditor's name and address | | A - of the motition filling date the plains in | \$9,447.33 | <u>\$9,447.33</u> |
| | DEYOE, CHRISTOPHER L ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charita | able Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 438 | X No | | |
| | Last 4 digits of account number. | 430 | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | 163 | | |
| 2.74 | Priority creditor's name and address | | | \$8,181.92 | <u>\$8,181.92</u> |
| | DIERKSEN, CHRIS A | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charita | able Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3135 | X No | | |
| | Last 4 digits of associate maniper. | 0.00 | — ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.75 | Priority creditor's name and address | | As of the notition filing data the claim is: | <u>\$4,749.90</u> | <u>\$4,749.90</u> |
| | DINNEEN, SHAWN ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charita | able Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5246 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.76 | Priority creditor's name and address | | A control of the second of the | <u>\$16,194.21</u> | <u>\$13,650.00</u> |
| | DRAPER, VINCENT ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charita | able Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3357 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequentia | ally from the previous page. | Total Claim | Priority Amount |
|---------|---|---------------------------------------|--|---|--------------------|
| 2.77 | Priority creditor's name and address DVORAK, TODD M ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Cha | \$17,618.29 | <u>\$13,650.00</u> |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2688 | X No | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | Yes | | |
| 2.78 | Priority creditor's name and address DWAILEEBE, JOCELYN ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Cha | <u>\$2,552.24</u> ritable Deductions | <u>\$2,552.24</u> |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6222 | X No | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | Yes | | |
| 2.79 | Priority creditor's name and address ECKERMANN, KENT M ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Cha | \$12,067.36 | <u>\$12,067.36</u> |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | mable Deductions | |
| | Last 4 digits of account number: Specify Code subsection of Priority | 3374 11 U.S.C. § 507(a)(4) | ▼ No Yes | | |
| 0.00 | unsecured claim: | 11 0.3.0. § 307 (a)(4) | | | A 2 ==2 22 |
| 2.80 | Priority creditor's name and address ECKERMANN, WESTON ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Cha | <u>\$2,570.80</u> ritable Deductions | <u>\$2,570.80</u> |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6070 | X No ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.81 | Priority creditor's name and address ERICKSON, DENNIS ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Cha | <u>\$480.00</u> ritable Deductions | <u>\$480.00</u> |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6261 | X No ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | □ 163 | | |

| Copy th | nis page only if more space is needed. Co | ontinue numbering the lines sequentia | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|---------------------------------------|---|--------------------|--------------------|
| 2.82 | Priority creditor's name and address | | | <u>\$3,644.53</u> | <u>\$3,644.53</u> |
| | ESKELI, KEITH C | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | | itable Deductions | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 9128 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.83 | Priority creditor's name and address | | | \$20,720.08 | \$13,650.00 |
| | EVANS, BRYCE C | | As of the petition filing date, the claim is: | ΨΕΘ,ΓΕΘ.ΘΟ | ψ10,000.00 |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | | | X No | | |
| | Last 4 digits of account number: | 4198 | | | |
| | Specify Code subsection of Priority | | ☐ Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.84 | Priority creditor's name and address | | | <u>\$4,165.87</u> | <u>\$4,165.87</u> |
| | EVERETT, JAMES | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6255 | X No | | |
| | Last 4 digits of association | 0233 | ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | Tes | | |
| | unsecured claim: | 11 U.S.C. 9 307(a)(4) | | | |
| 2.85 | Priority creditor's name and address | | | <u>\$12,574.67</u> | <u>\$12,574.67</u> |
| | FAUST, CHRISTOPHER A | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | _ - | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4268 | X No | | |
| | _ | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.86 | Priority creditor's name and address | | | <u>\$55.66</u> | <u>\$55.66</u> |
| | FEDERAL UNEMPLOYMENT TAX LIABI | LITY | As of the petition filing date, the claim is: | | |
| | U.S. DEPARTMENT OF LABOR | | Check all that apply. | | |
| | 200 CONSTITUTION AVE NW WASHINGTON, DC 20210 | | Contingent | | |
| | W/16/11/16/16/17, 26 26216 | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Unemployment | | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | — | | |

| Copy t | his page only if more space is needed. C | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|--------|---|--------------------------------------|---|--------------------|-------------------|
| 2.87 | Priority creditor's name and address | | | <u>\$3,175.20</u> | <u>\$3,175.20</u> |
| | FERGUSON, JORDYN | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | · · | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5955 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | _ | | |
| 2.00 | unsecured claim: | • . , , , | | | 24.442.50 |
| 2.88 | Priority creditor's name and address FITZER, YOLANDA | | As of the petition filing date, the claim is: | <u>\$4,449.56</u> | <u>\$4,449.56</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | , <u>u</u> = 1.=== = : | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chai | ritable Deductions | |
| | | | 3 , , , , | IIIabie Deuuciions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5094 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.89 | _ | | | ¢4 400 22 | ¢4 400 33 |
| 2.69 | Priority creditor's name and address FOLTZ, BECKY L | | As of the petition filing date, the claim is: | <u>\$4,409.33</u> | <u>\$4,409.33</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | | -t-t-la Daduationa | |
| | | | 3.2, 2.2.2, 2, 2.2.2 | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4697 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.90 | Priority creditor's name and address | | | \$4,376.1 <u>9</u> | <u>\$4,376.19</u> |
| 2.30 | FRAZIER, KEN M | | As of the petition filing date, the claim is: | <u>\$4,376.19</u> | <u>34,376.19</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | ritable Deductions | |
| | | 15.0 | 3 , , , , | | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2241 | X No | | |
| | Consider Code and another of Polanite | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.91 | Priority creditor's name and address | | | \$4,266.96 | <u>\$4,266.96</u> |
| 2.01 | FREDERICK, MICHAEL | | As of the petition filing date, the claim is: | <u>\$4,200.90</u> | <u>\$4,200.90</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/24 | | | |
| | | 4/5/21 | ls the claim subject to offset? | | |
| | Last 4 digits of account number: | 5943 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequ | entially from the previous page. | Total Claim | Priority Amount |
|---------|--|----------------------------------|--|--------------------|-------------------|
| 2.92 | Priority creditor's name and address | | | \$9,569.42 | <u>\$9,569.42</u> |
| | FREEMAN, CYNTHIA A ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 667 | X No | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | ☐ Yes | | |
| 2.93 | Priority creditor's name and address | | | \$6,978.24 | \$6,978.24 |
| | FREIDENBERGER, DONN ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4504 | X No | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | Yes | | |
| 2.94 | Priority creditor's name and address | | | \$9,278.56 | \$9,278.56 |
| | FUTHEY, REX E | | As of the petition filing date, the claim is: | φο,Στο.σο | <u>\$6,276.66</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3741 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.95 | Priority creditor's name and address GOTTLOB, CURTIS | | As of the petition filing date, the claim is: | <u>\$4,470.54</u> | <u>\$4,470.54</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | nitable Deductions | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | intable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? 区 No | | |
| | Last 4 digits of account number: | 5973 | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | ☐ 165 | | |
| 2.96 | Priority creditor's name and address | | | \$3,266.62 | <u>\$3,266.62</u> |
| | GRABLE, PATRICK ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDICESS ON FILE | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6146 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|--------------------------------------|---|---------------------|-------------------|
| 2.97 | Priority creditor's name and address | | | \$9,342.49 | <u>\$9,342.49</u> |
| | HADICKE, JOSHUA | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | | itable Deductions | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4982 | X No | | |
| | Consider Control and Delication | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.98 | Priority creditor's name and address | | | \$16,631.7 <u>6</u> | \$13,650.00 |
| | HADLEY, BOB | | As of the petition filing date, the claim is: | <u> </u> | <u>+ -,</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4524 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.99 | Priority creditor's name and address | | | \$3,510.86 | \$3,510.86 |
| 2.55 | HAINES, TYSON | | As of the petition filing date, the claim is: | ψ3,310.00 | <u>\$5,510.00</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5972 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.100 | Priority creditor's name and address | | | \$7,008.20 | \$7,008.20 |
| 2.100 | HAMILTON, BRIAN D | | As of the petition filing date, the claim is: | <u>\$7,000.20</u> | <u>\$7,008.20</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3773 | X No | | |
| | - | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | _ | | |
| 0.404 | unsecured claim: | | | 45.000.00 | A. |
| 2.101 | Priority creditor's name and address HARADER, JAMES | | As of the petition filing date, the claim is: | <u>\$5,076.87</u> | <u>\$5,076.87</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4408 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | _ | | |
| | unsecured claim: | 3 30. (%)(.) | | | |

| Copy th | is page only if more space is needed. Co | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|--------------------|--|--------------------------------------|--|--------------------|--------------------|
| 2.102 | Priority creditor's name and address | | | \$12,962.28 | <u>\$12,962.28</u> |
| | HARTLEY, MIKEL | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Cneck all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charit | able Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2414 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.103 | Priority creditor's name and address | | | <u>\$12,352.18</u> | <u>\$12,352.18</u> |
| | HATFIELD, KAMI ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charit | able Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | , , , , | | |
| | | | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 5165 | | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | Yes | | |
| 2.104 | Priority creditor's name and address | | | ¢2 003 00 | \$3,003,00 |
| ∠. I∪ 4 | HAWKINS, MIKAYLA | | As of the petition filing date, the claim is: | <u>\$3,093.99</u> | <u>\$3,093.99</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charit | able Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6041 | X No | | |
| | - | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.105 | Priority creditor's name and address | | | <u>\$6,817.57</u> | <u>\$6,817.57</u> |
| | HAWKINS, SHINEESTA ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charit | able Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5253 | X No | | |
| | Last 4 digits of account number. | 5255 | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | l tes | | |
| 2.106 | Priority creditor's name and address | | | \$5,509.63 | <u>\$5,509.63</u> |
| 2.100 | HIGGINBOTHAM, ROBERT D | | As of the petition filing date, the claim is: | <u>ψυ.υυυ.υυ</u> | Ψ0,000.00 |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charit | able Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4725 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy tl | nis page only if more space is needed. C | Continue numbering the lines | s sequentially from the previous page. Total Claim | Priority Amount |
|---------|---|------------------------------|--|-------------------|
| 2.107 | Priority creditor's name and address | | <u>\$2.926.69</u> | <u>\$2,926.69</u> |
| | HILT, ADAM | | As of the petition filing date, the claim is: | |
| | ADDRESS ON FILE | | Check all that apply. | |
| | | | Contingent | |
| | | | Unliquidated | |
| | | | Disputed | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | |
| | Last 4 digits of account number: | 6202 | X No | |
| | | | Yes | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | |
| 2.108 | - | | ΦF 074 04 | \$5,074.04 |
| 2.100 | Priority creditor's name and address HOWELL, KIRK | | \$5,074.01 As of the petition filing date, the claim is: | <u>\$5,074.01</u> |
| | ADDRESS ON FILE | | Check all that apply. | |
| | | | Contingent | |
| | | | ☐ Unliquidated | |
| | | | Disputed | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions | |
| | | | • | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | |
| | Last 4 digits of account number: | 5991 | X No | |
| | | | Yes | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | |
| 2.109 | Priority creditor's name and address | | \$3,639.56 | \$3,639.56 |
| | HUBBARD, JAMES | | As of the petition filing date, the claim is: | <u> </u> |
| | ADDRESS ON FILE | | Check all that apply. | |
| | | | Contingent | |
| | | | Unliquidated | |
| | | | Disputed | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | |
| | | | X No | |
| | Last 4 digits of account number: | 5862 | | |
| | Specify Code subsection of Priority | | Yes | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | |
| 2.110 | Priority creditor's name and address | | <u>\$3.246.55</u> | <u>\$3,246.55</u> |
| | HURST, DALTON | | As of the petition filing date, the claim is: | |
| | ADDRESS ON FILE | | Check all that apply. | |
| | | | Contingent | |
| | | | Unliquidated | |
| | | | ☐ Disputed | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | |
| | Last 4 digits of account number: | 6233 | X No | |
| | Last 4 digits of assessmentalinson. | 0200 | — ☐ Yes | |
| | Specify Code subsection of Priority | | La tes | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | |
| 2.111 | Priority creditor's name and address | | \$8,309.72 | \$8,309.72 |
| | INTHALANGSY, KINGKHAM | | As of the petition filing date, the claim is: | |
| | ADDRESS ON FILE | | Check all that apply. | |
| | | | Contingent | |
| | | | Unliquidated | |
| | | | ☐ Disputed | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | |
| | Last 4 digits of account number: | 6122 | X No | |
| | | | ☐ Yes | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | _ | |
| | unsecured claim: | . 1 0.0.0. 3 007 (a)(4) | | |

| Copy th | is page only if more space is needed. Co | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|--------------------------------------|--|-------------------|-------------------|
| 2.112 | Priority creditor's name and address | | | \$3,662.20 | <u>\$3,662.20</u> |
| | JOHNSON, TANNER ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Crieck all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4613 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.113 | Priority creditor's name and address | | | \$4,162.54 | \$4,162.54 |
| | KELLY, DANIEL | | As of the petition filing date, the claim is: | , , | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed Basis for the Claim: Wages, Benefits, PTO, and Chari | itable Deductions | |
| | | | 3 , , , , | nable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6258 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.114 | Priority creditor's name and address | | | \$2,502.02 | <u>\$2,502.02</u> |
| | KOCH, CHRISTOPHER | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | | | |
| | | | Is the claim subject to offset? 区 No | | |
| | Last 4 digits of account number: | 6143 | - <u></u> | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | ☐ Yes | | |
| | unsecured claim: | 11 U.S.C. 9 501 (a)(4) | | | |
| 2.115 | Priority creditor's name and address | | A f the metition filling data the alaim io | <u>\$7,982.16</u> | <u>\$7,982.16</u> |
| | KOEHN, MICHAEL ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3940 | X No | | |
| | - | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | _ | | |
| 2.116 | Priority creditor's name and address | | | ¢2 c07 40 | \$2,607,40 |
| 2.110 | KRIEGER, PAUL | | As of the petition filing date, the claim is: | <u>\$2,697.48</u> | <u>\$2,697.48</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5283 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| 2.117 Priority creditor's name and address LANGFORD, ALEX ADDRESS ON FILE ADDRESS ON FILE Check all that apply. | <u>\$1,716.65</u> | <u>\$1,716.65</u> |
|--|-----------------------|-------------------|
| | | |
| ADDRESS ON FILE Check all that apply. | | |
| | | |
| ☐ Contingent | | |
| Unliquidated | | |
| ☐ Disputed | | |
| Basis for the Claim: Wages, Benefits, PTO, and | Charitable Deductions | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? | | |
| Last 4 digits of account number: 6014 | | |
| Yes | | |
| Specify Code subsection of Priority | | |
| unsecured claim: 11 U.S.C. § 507(a)(4) | | |
| 2.118 Priority creditor's name and address | <u>\$22,862.66</u> | \$13,650.00 |
| LAWRENCE, BRADY As of the petition filing date, the claim is: | | |
| ADDRESS ON FILE Check all that apply. | | |
| Contingent | | |
| ☐ Unliquidated | | |
| ☐ Disputed | | |
| Basis for the Claim: Wages, Benefits, PTO, and | Charitable Deductions | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? | | |
| Last 4 digits of account number: 3841 | | |
| | | |
| Specify Code subsection of Priority 44 H.S.C. S. 507(5)(4) | | |
| unsecured claim: 11 U.S.C. § 507(a)(4) | | |
| 2.119 Priority creditor's name and address | \$6,829.11 | \$6,829.11 |
| LOTT, LUCAS As of the petition filing date, the claim is: | | |
| ADDRESS ON FILE Check all that apply. | | |
| ☐ Contingent | | |
| ☐ Unliquidated | | |
| ☐ Disputed | | |
| Basis for the Claim: Wages, Benefits, PTO, and | Charitable Deductions | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? | | |
| ST V | | |
| | | |
| Specify Code subsection of Priority | | |
| unsecured claim: 11 U.S.C. § 507(a)(4) | | |
| 2.120 Priority creditor's name and address | \$5,385.7 <u>0</u> | \$5,385.70 |
| MADISON, KIMBER As of the petition filing date, the claim is: | | |
| ADDRESS ON FILE Check all that apply. | | |
| ☐ Contingent | | |
| ☐ Unliquidated | | |
| ☐ Disputed | | |
| Basis for the Claim: Wages, Benefits, PTO, and | Charitable Deductions | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? | | |
| 197 | | |
| | | |
| Specify Code subsection of Priority | | |
| unsecured claim: 11 U.S.C. § 507(a)(4) | | |
| 2.121 Priority creditor's name and address | \$3,893.10 | \$3,893.10 |
| MANDAC, MARIA As of the petition filing date, the claim is: | <u> </u> | |
| ADDRESS ON FILE Check all that apply. | | |
| ☐ Contingent | | |
| ☐ Unliquidated | | |
| ☐ Disputed | | |
| Basis for the Claim: Wages, Benefits, PTO, and | Charitable Deductions | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? | | |
| | | |
| _ | | |
| Specify Code subsection of Priority | | |
| unsecured claim: 11 U.S.C. § 507(a)(4) | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequent | ially from the previous page. | Total Claim | Priority Amount |
|---------|--|-------------------------------------|--|--------------------|--------------------|
| 2.122 | Priority creditor's name and address | | | <u>\$2,404.86</u> | <u>\$2,404.86</u> |
| | MARTIN, JAMES ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Cireck all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3447 | X No | | |
| | - | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | _ | | |
| 2.123 | Priority creditor's name and address | | | \$7,117.64 | \$7,117.64 |
| | MARTINEZ, SANTIAGO G | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4840 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.124 | Priority creditor's name and address | | | \$8,054.17 | <u>\$8,054.17</u> |
| | MASON, SHANE | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5334 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.125 | Priority creditor's name and address | | | <u>\$35,448.86</u> | <u>\$13,650.00</u> |
| | MATTINGLY, DOUGLAS J | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | | | 3, | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3103 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.126 | Priority creditor's name and address | | | <u>\$3,632.31</u> | <u>\$3,632.31</u> |
| | MCBRIDE, JIMMY | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | | | | ITADIE DEUUGIONS | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3279 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|--------------------------------------|--|--------------------|--------------------|
| 2.127 | Priority creditor's name and address | | | \$3,569.99 | <u>\$3,569.99</u> |
| | MCBRIDE, MICHAEL ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4859 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.128 | Priority creditor's name and address | | | \$2,814.44 | \$2,814.44 |
| | MCCOMB, JOHN | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6260 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.129 | Priority creditor's name and address | | | \$14,406.85 | \$13,650.00 |
| | MCENTIRE, KENNETH W | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5175 | X No | | |
| | Consider Condensation of Polarity | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.130 | Priority creditor's name and address | | | <u>\$22,190.65</u> | <u>\$13,650.00</u> |
| | MCGEE, RICK ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDITEGO ON FILE | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Data and data daht was in sumada | 4/5/04 | 3 , , , , | | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 4523 | _ | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.131 | Priority creditor's name and address | | | \$5,277.39 | <u>\$5,277.39</u> |
| | MCLAIN, JEFFREY | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3325 | X No | | |
| | | | — ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | – · | | |
| | unsecured claim: | 11 0.0.0. 8 301 (a)(4) | | | |

| Copy tl | his page only if more space is needed. C | ontinue numbering the lines seq | uentially from the previous page. | Total Claim | Priority Amount |
|---------|--|---------------------------------|---|--------------------------------|--------------------|
| 2.132 | Priority creditor's name and address | | | \$4,990.87 | <u>\$4,990.87</u> |
| | MEADOR, SAMUEL | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | _ · | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4418 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 0.400 | _ | | | ** ** ** ** ** ** ** ** | #44.000.00 |
| 2.133 | Priority creditor's name and address MEDICARE TAX LIABILITY | | As of the petition filing date, the claim is: | <u>\$14,039.90</u> | <u>\$14,039.90</u> |
| | MEDICARE CONTACT CENTER OPERA | ATIONS | Check all that apply. | | |
| | PO BOX 1270 | | Contingent | | |
| | LAWRENCE, KS 66044 | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Medicare | | |
| | | | Dasis for the Claim. Medicare | | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 0.404 | _ | | | ¢4,000,70 | ¢4,000,70 |
| 2.134 | Priority creditor's name and address MEN, NIMUL | | As of the petition filing date, the claim is: | <u>\$4,889.79</u> | <u>\$4,889.79</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | | | | antable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5896 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.135 | Priority creditor's name and address | | | \$4,714.76 | \$4,714.7 <u>6</u> |
| 2.100 | MERCER, SARAH | | As of the petition filing date, the claim is: | ψ4,114.10 | <u> </u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | | | | anabio Boadonono | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4718 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.136 | Priority creditor's name and address | | | \$7,696.04 | \$7,696.04 |
| 2.100 | METZ, JEREMY W | | As of the petition filing date, the claim is: | <u>\$7,030.04</u> | <u>\$7,080,04</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Data an datas dabt ! | 4 /E /O4 | | | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4170 | X No | | |
| | Specify Code subsection of Briggitte | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines seque | ntially from the previous page. | Total Claim | Priority Amount |
|---------|---|-----------------------------------|--|--------------------|--------------------|
| 2.137 | Priority creditor's name and address | | | <u>\$6.351.64</u> | <u>\$6,351.64</u> |
| | METZ, MELVIN ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Crieck all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | | ritable Deductions | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3142 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.138 | - | | | \$45,022,20 | ¢42.650.00 |
| 2.130 | Priority creditor's name and address METZEN, RAYMOND E | | As of the petition filing date, the claim is: | <u>\$15,922.29</u> | <u>\$13,650.00</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | | | | mable Deddellons | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3287 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.139 | Priority creditor's name and address | | | \$10,292.74 | \$10,292.74 |
| 2.100 | MILLER, BRANDON | | As of the petition filing date, the claim is: | <u>ψ10,292.74</u> | ψ10,292.74 |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | | | - | masio Boadonono | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5969 | X No | | |
| | Occurs October Location of Bits in | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.140 | Priority creditor's name and address | | | \$2,111. <u>51</u> | <u>\$2,111.51</u> |
| | MILLER, JONATHON | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6092 | X No | | |
| | aigno of account number. | 550 <u>E</u> | ☐ Yes | | |
| | Specify Code subsection of Priority | 44 11 0 0 0 5 5 5 7 / \/ 12 | <u> </u> | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.141 | Priority creditor's name and address | | | <u>\$7,490.49</u> | <u>\$7,490.49</u> |
| | MILLER, WILDA J | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 427 | X No | | |
| | - | | — ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | — * | | |
| | unsecured claim: | 11 0.3.0. 3 307 (a)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|--------------------------------------|--|----------------------|--------------------|
| 2.142 | Priority creditor's name and address | | | <u>\$5,595.12</u> | <u>\$5,595.12</u> |
| | MILLER, WILLIAM C | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2883 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | _ | | |
| | unsecured claim: | 6.6.6. 3 60. (4)(1) | | | |
| 2.143 | Priority creditor's name and address | | | <u>\$5,593.82</u> | \$5,593.82 |
| | MILLINGTON, WILLIAM H ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDICESS ON TIEE | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | | oritable Dadustions | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | antable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5167 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | | | |
| | unsecured claim: | | | * | |
| 2.144 | Priority creditor's name and address | | As of the petition filing date, the claim is: | <u>\$10,051.31</u> | <u>\$10,051.31</u> |
| | MOORE, TOM ADDRESS ON FILE | | Check all that apply. | | |
| | ABBINEOU GIVI IEE | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | | | 3.0, 2.0, 2, 2.0 | aritable beddelloris | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4508 | X No | | |
| | Consider Condensation of Polarity | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.145 | Priority creditor's name and address | | | \$3,855.24 | \$3,855.24 |
| | MRAZ, TYLER | | As of the petition filing date, the claim is: | <u> </u> | <u> </u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6181 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | <u> </u> | | |
| | unsecured claim: | 11 0.3.0. § 307(a)(4) | | | |
| 2.146 | Priority creditor's name and address | | | <u>\$2,496.00</u> | \$2,496.00 |
| | MULLER, RICHARD | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | | | |
| | | | Unliquidated | | |
| | | | Disputed | - Markin D. J. C. | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | antable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 1917 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | | | |
| | unsecured claim: | - > / > / | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequent | ially from the previous page. | Total Claim | Priority Amount |
|---------|--|-------------------------------------|--|--------------------|--------------------|
| 2.147 | Priority creditor's name and address | | | <u>\$4,728.90</u> | <u>\$4,728.90</u> |
| | NGUYEN, TRANG ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Crieck all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | | ritable Dadustians | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6056 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.148 | Priority creditor's name and address | | | \$2.540.17 | \$2 E40 17 |
| 2.140 | NICHOLS, VIRGINIA L | | As of the petition filing date, the claim is: | <u>\$3,540.17</u> | <u>\$3,540.17</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | | | | mable Deadelions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4320 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.149 | Priority creditor's name and address | | | \$12,687.11 | \$12,687.11 |
| | NORRIS, MARK E | | As of the petition filing date, the claim is: | Ψ12,007.11 | <u>Ψ12,007.11</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | But to the late of the control | 415104 | - | | |
| | Date or dates debt was incurred: | 4/5/21 | ls the claim subject to offset? | | |
| | Last 4 digits of account number: | 707 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.150 | Priority creditor's name and address | | | \$9,676.1 <u>5</u> | \$9,676.1 <u>5</u> |
| | NORTON, GLEN S | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2152 | X No | | |
| | Last + digits of account Hullinel. | 2.02 | ☐ Yes | | |
| | Specify Code subsection of Priority | | LI TES | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.151 | Priority creditor's name and address | | | <u>\$5,123.75</u> | <u>\$5,123.75</u> |
| | NORTON, MICHAEL | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. ☐ Contingent | | |
| | | | | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 1740 | X No | | |
| | - | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | _ | | |
| | unsecured claim: | 11 0.0.0. 3 007 (a)(4) | | | |

| Copy th | nis page only if more space is needed. C | ontinue numbering the lines sequentia | ally from the previous page. | Total Claim | Priority Amount |
|---------|--|---------------------------------------|--|----------------------|-------------------|
| 2.152 | Priority creditor's name and address | | | <u>\$9,539.86</u> | <u>\$9,539.86</u> |
| | PALSMEIER, RICHARD F ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 511 | X No | | |
| | | • | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | _ | | |
| 2.153 | Priority creditor's name and address | | | \$4,214.7 <u>8</u> | \$4,214.78 |
| 2.100 | PARSON, TODD | | As of the petition filing date, the claim is: | Ψ4,∠17.10 | <u>\$7,617.10</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4787 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.154 | Priority creditor's name and address | | | \$4,402.79 | <u>\$4,402.79</u> |
| | PAULY, MICHAEL ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5269 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | _ | | |
| 2.155 | Priority creditor's name and address | | | \$4,911.6 <u>8</u> | <u>\$4,911.68</u> |
| | PEARCE, MELANIE | | As of the petition filing date, the claim is: | <u> </u> | <u> </u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | | | 3 , , , , | llable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? 区 No | | |
| | Last 4 digits of account number: | 180 | _ | | |
| | Specify Code subsection of Priority | 44 11 0 0 0 5 507(5)(4) | ☐ Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.156 | Priority creditor's name and address | | As of the petition filing date, the claim is: | <u>\$4,484.56</u> | <u>\$4,484.56</u> |
| | PIERCE, CHESLEY ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6259 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequenti | ally from the previous page. | Total Claim | Priority Amount |
|---------|---|--------------------------------------|---|---------------------|-----------------|
| 2.157 | Priority creditor's name and address | | | <u>\$6,065.38</u> | \$6,065.38 |
| | RICE, VINCENT J | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5005 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority | 44.11.0.0. 0.507()/4) | <u> </u> | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.158 | Priority creditor's name and address | | | <u>\$5,208.88</u> | \$5,208.88 |
| | ROBERTS, BARRY W | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4102 | X No | | |
| | Last 4 digits of account number. | 4102 | | | |
| | Specify Code subsection of Priority | | ☐ Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.159 | Priority creditor's name and address | | | \$2,517.02 | \$2,517.02 |
| | ROBERTS, DANIELLE | | As of the petition filing date, the claim is: | <u> </u> | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | | | X No | | |
| | Last 4 digits of account number: | 5112 | | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.160 | Priority creditor's name and address | | | \$18,514.5 <u>5</u> | \$13,650.00 |
| | ROHRER, LANY D | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ■ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2449 | X No | | |
| | Last 7 digits of account Hulliber. | | | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.161 | Priority creditor's name and address | | | <u>\$2,677.21</u> | \$2,677.21 |
| | ROSEWICZ, BRITTANY | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | | 5012 | X No | | |
| | Last 4 digits of account number: | 5012 | | | |
| | Specify Code subsection of Priority | | ☐ Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy thi | is page only if more space is needed. Co | ontinue numbering the lines sequentia | Illy from the previous page. | Total Claim | Priority Amount |
|----------|--|---------------------------------------|--|---------------------|--------------------|
| 2.162 | Priority creditor's name and address | | | \$23,231.34 | \$13,650.00 |
| | SAFFELL, MICHAEL P ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2053 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.163 | Priority creditor's name and address | | | <u>\$6,174.98</u> | \$6,174.98 |
| | SCHAFFER, KEVIN J ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| | | | | antable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5176 | X No | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | Yes | | |
| | unsecured claim: | | | | |
| 2.164 | Priority creditor's name and address | | As of the petition filing date, the claim is: | <u>\$23,925.07</u> | <u>\$13,650.00</u> |
| | SCHNIER, RICHARD ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4350 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.165 | Priority creditor's name and address | | | \$11,932.32 | \$11,932.32 |
| | SCOTT, RICHARD | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/04 | | | |
| | | 4/5/21 | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 9384 | | | |
| | Specify Code subsection of Priority | 44.11.0.0.0.5.577.1741 | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.166 | Priority creditor's name and address | | | <u>\$1,928.72</u> | \$1,928.72 |
| | SEAL, CHRISTOPHER | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6254 | X No | | |
| | a.g c. account number. | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | — | | |

| Copy th | nis page only if more space is needed. Co | ontinue numbering the lines sequenti | ially from the previous page. | Total Claim | Priority Amount |
|---------|---|--------------------------------------|--|--------------------|--------------------|
| 2.167 | Priority creditor's name and address | | | <u>\$8,136.79</u> | <u>\$8,136.79</u> |
| | SELLERS, DAVID | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5335 | X No | | |
| | Last + digits of account number. | 5555 | ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | 1es | | |
| | unsecured claim: | 11 0.3.0. 8 301 (a)(-1) | | | |
| 2.168 | Priority creditor's name and address | | and the second of the second | <u>\$3,488.90</u> | <u>\$3,488.90</u> |
| | SIPES, JAMES T ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | A I | 3 , , , | | |
| | | 4/5/21 | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 3507 | | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.169 | Priority creditor's name and address | | | \$7,083.72 | <u>\$7,083.72</u> |
| | SMALLEY, CHRISTOPHER | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | - contract the second | ./=/0.4 | | lable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4456 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.170 | Priority creditor's name and address | | | <u>\$8,783.41</u> | <u>\$8,783.41</u> |
| | SMITH, JEREMY ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | 3 , , , | | |
| | | | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 4319 | | | |
| | Specify Code subsection of Priority | 44 11 0 0 0 5 507(5)(4) | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.171 | Priority creditor's name and address | | | <u>\$10,789.93</u> | <u>\$10,789.93</u> |
| | SMITH, TERECIA L ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILL | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Chari | table Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 9189 | X No | | |
| | Last 4 digits of account number. | 9109 | ☐ Yes | | |
| | Specify Code subsection of Priority | 44 11 0 0 0 0 507(0)/4) | res | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | is page only if more space is needed. Co | ontinue numbering the lines sequentia | lly from the previous page. | Total Claim | Priority Amount |
|---------|--|---------------------------------------|---|---------------------|-------------------|
| 2.172 | Priority creditor's name and address | | | <u>\$3,987.86</u> | <u>\$3,987.86</u> |
| | SMITHBACK, WILLIAM | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | Unliquidated | | |
| | | | _ | | |
| | | | Disputed | itable Dadoutiana | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5894 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.173 | Priority creditor's name and address | | | \$2.726.91 | ¢2 726 91 |
| 2.173 | SNYDER, STEVEN | | As of the petition filing date, the claim is: | <u>\$2,736.81</u> | <u>\$2,736.81</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | | | 3.1, 1.1.1, 1.1.1 | habic beddellons | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5962 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.174 | Priority creditor's name and address | | | \$60,032.72 | \$60,032.72 |
| | SOCIAL SECURITY TAX LIABILITY | | As of the petition filing date, the claim is: | <u>ψου,υσε.π</u> | <u>φου,σου.π</u> |
| | SOCIAL SECURITY ADMINISTRATION | | Check all that apply. | | |
| | 1100 WEST HIGH RISE | | Contingent | | |
| | 6401 SECURITY BLVD. | | Unliquidated | | |
| | BALTIMORE, MD 21235 | | Disputed | | |
| | | | Basis for the Claim: Social Security | | |
| | B | 4/5/04 | , | | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4768 | X No | | |
| | Consider Condensation of Britains | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.175 | Priority creditor's name and address | | | \$18,547.3 <u>8</u> | \$13,650.00 |
| | STANGL, CHARLES | | As of the petition filing date, the claim is: | <u></u> | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | | | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 2888 | | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.176 | Priority creditor's name and address | | | <u>\$1,780.76</u> | <u>\$1,780.76</u> |
| | STEWART, CALEB | | As of the petition filing date, the claim is: | ' <u></u> | - |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Char | itable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | | 5999 | X No | | |
| | Last 4 digits of account number: | 0000 | | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines sequentia | Illy from the previous page. | Total Claim | Priority Amount |
|---------|--|---|--|---------------------|--------------------|
| 2.177 | Priority creditor's name and address | | | <u>\$9,226.01</u> | \$9,226.01 |
| | STEWART, JEREMY D ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4345 | X No | | |
| | Last 4 digits of account number. | 4040 | Yes | | |
| | Specify Code subsection of Priority | 44 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.178 | Priority creditor's name and address | | | <u>\$9,047.68</u> | \$9,047.68 |
| | STOUT, KEVIN ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | | 1/2/04 | • , , , | amabio Boadonono | |
| | Date or dates debt was incurred: | 4/5/21 | ls the claim subject to offset? | | |
| | Last 4 digits of account number: | 5880 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.179 | Priority creditor's name and address | | | <u>\$3,353.31</u> | \$3,353.31 |
| | STROUD, BILLY J | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | | | |
| | | | Unliquidated | | |
| | | | Disputed | anitable Dadwatiana | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3955 | X No | | |
| | Specify Code subsection of Priority | | ☐ Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.180 | Priority creditor's name and address | | | <u>\$21,306.44</u> | <u>\$13,650.00</u> |
| | SUTTON, JAMES K | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | " II B I " | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 554 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.181 | Priority creditor's name and address | | | <u>\$11,908.61</u> | \$11,908.61 |
| | TATON, DAVID W | | As of the petition filing date, the claim is: | <u> </u> | <u> </u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 2281 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines seque | ntially from the previous page. | Total Claim | Priority Amount |
|---------|---|-----------------------------------|--|---------------------|-------------------|
| 2.182 | Priority creditor's name and address | | | <u>\$4,684.76</u> | <u>\$4,684.76</u> |
| | TEMPLETON, JENNIFER D ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDRESS ON FILE | | Check all that apply. Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | | witchle Deductions | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | iritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 662 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.183 | Priority creditor's name and address | | | \$5,080.83 | \$5,080.83 |
| 2.100 | THOMPSON, JOEY M | | As of the petition filing date, the claim is: | φ5,000.85 | <u>φ3,000.83</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | le the eleim out icet to effect? | | |
| | | | Is the claim subject to offset? X No | | |
| | Last 4 digits of account number: | 3615 | <u> </u> | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.184 | Priority creditor's name and address | | | <u>\$14,371.94</u> | \$13,650.00 |
| | TOOMAN, JACOB | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3849 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | | | |
| | unsecured claim: | | | | |
| 2.185 | Priority creditor's name and address | | As of the petition filing date, the claim is: | <u>\$2,381.30</u> | <u>\$2,381.30</u> |
| | TRACY, KRISHELLE ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | | 450 | 3 | masio Boddollorio | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5022 | X No | | |
| | Smarify Code sylvestics of Drievity | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.186 | Priority creditor's name and address | | | \$2,390.03 | <u>\$2,390.03</u> |
| | TURNER, GARRETT | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Cha | ritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 6012 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | _ | | |
| | unsecured claim: | 0.0.0. 3 507 (a)(¬) | | | |

| Copy th | is page only if more space is needed. C | ontinue numbering the lines s | sequentially from the previous page. | Total Claim | Priority Amount |
|---------|--|-------------------------------|--|---------------------|-------------------|
| 2.187 | Priority creditor's name and address | | | <u>\$12,304.24</u> | \$12,304.24 |
| | UNEMPLOYMENT KANSAS TAX LIABIL | | As of the petition filing date, the claim is: | | |
| | KANSAS UNEMPLOYMENT CONTACT P.O. BOX 3539 | CENTER | Check all that apply. Contingent | | |
| | TOPEKA, KS 66601 | | Unliquidated | | |
| | | | <u> </u> | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Unemployment | | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3543 | X No | | |
| | | | Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(8) | | | |
| 2.188 | Priority creditor's name and address | | | \$9,355.1 <u>6</u> | \$9,355.16 |
| 200 | VARGAS, RICHARD J | | As of the petition filing date, the claim is: | <u>ψ3,000.10</u> | <u>ψ3,000.10</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 3909 | X No | | |
| | Last 4 digits of account number. | 5909 | Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | | | |
| | unsecured claim: | 11 0.0.0. § 507 (a)(4) | | | |
| 2.189 | Priority creditor's name and address | | As of the medition filling date the plains in | <u>\$5,471.63</u> | <u>\$5,471.63</u> |
| | VIGREN, MONTAYNE ADDRESS ON FILE | | As of the petition filing date, the claim is: Check all that apply. | | |
| | ADDICESS ON FILE | | Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | | | - | antable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5272 | X No | | |
| | Specify Code subsection of Priority | | Yes | | |
| | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.190 | Priority creditor's name and address | | | <u>\$3,759.92</u> | \$3,759.92 |
| | WALTERS, DARREN | | As of the petition filing date, the claim is: | | |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 5990 | X No | | |
| | | | ☐ Yes | | |
| | Specify Code subsection of Priority unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| 2.191 | Priority creditor's name and address | | | <u>\$5,544.72</u> | <u>\$5,544.72</u> |
| | WALTON, JACKIE | | As of the petition filing date, the claim is: | <u>ψυ,υ++.12</u> | <u>ψ0,044.72</u> |
| | ADDRESS ON FILE | | Check all that apply. | | |
| | | | Contingent | | |
| | | | Unliquidated | | |
| | | | Disputed | | |
| | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| | Last 4 digits of account number: | 4106 | X No | | |
| | - | | ☐ Yes | | |
| | Specify Code subsection of Priority | 11 U.S.C. § 507(a)(4) | _ | | |
| | unsecured claim: | | | | |

Part 1: Additional Page

| AA of the petition filing date, the claim is: | Copy th | is page only if more space is needed. C | ontinue numbering the lines sequent | ially from the previous page. | Total Claim | Priority Amount |
|--|---------|---|-------------------------------------|---|---------------------|--------------------|
| ADDRESS ON FILE Chock all this script, Contingent Uniquidated Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions In the claim subject to offset? Last 4 digits of account number: ADDRESS ON FILE ADDRESS ON FILE Date or dates debt was incurred: ADRESS ON FILE Date or dates debt was incurred: ADRESS ON FILE Date or dates debt was incurred: ADRESS ON FILE ADR | 2.192 | Priority creditor's name and address | | | <u>\$11,189.51</u> | <u>\$11,189.51</u> |
| Contingent Contin | | * | | • • • | | |
| Uniquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the patition filling date, the claim is: Charitable Deductions Sast of the patition filling date, the claim is: Charitable Deductions Sast of the patition filling date, the claim is: Charitable Deductions Sast of the patition filling date, the claim is: Charitable Deductions Sast of the patition filling date, the claim is: Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deductions Sast of the Claim: Wages, Benefits, PTO, and Charitable Deduction | | ADDRESS ON FILE | | | | |
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| Last 4 digits of account number: 4188 | | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| Specify Code subsection of Priority unsecured claim: Specify Code subsection of Priority unsecured claim: 1 | | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| Specify Code subsection of Priority unsecured claim: Specify Code subsection of Priority unsecured claim: 1 | | Last 4 digits of account number: | 4188 | X No | | |
| ### Specify Code subsection of Priority unsecured claim: ### Uniquidated claim: ### Specify Code subsection of Priority unsecured claim: ### Uniquidated Disputed Disputed Disputed Date or dates debt was incurred: ### 4/5/21 Is the claim subject to offset? ### Last 4 digits of account number: ### 4/5/21 Is the claim subject to offset? ### AS of the petition filing date, the claim is: | | | | | | |
| Institution | | Specify Code subsection of Priority | 44.11.0.0. \$ 507(-)(4) | <u> </u> | | |
| As of the petition filing date, the claim is: | | unsecured claim: | 11 U.S.C. § 507(a)(4) | | | |
| ADDRESS ON FILE Check all that apply. Clondingnet Unliquidated Date or dates debt was incurred: Last 4 digits of account number: Specify Code subsection of Priority unsecured claim: Date or dates debt was incurred: 4/521 Last 4 digits of account number: ADDRESS ON FILE As of the petition filling date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Last 4 digits of account number: 2394 Last 4 digits of account number: 2394 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.195 Priority creditor's name and address WELLS, AMANDA M ADDRESS ON FILE Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2394 As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Specify Code subsection of Priority unsecured claim: Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Last 4 digits of account number: 4/5/21 Last 4 digits of account num | 2.193 | Priority creditor's name and address | | | \$5,930.58 | \$5,930.58 |
| Contingent Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) | | | | | | |
| Date or dates debt was incurred: 4/521 sthe claim subject to offset? Last 4 digits of account number: 4730 Yes Specify Code subsection of Priority unsecured claim: Wages, Benefits, PTO, and Charitable Deductions 84.813.30 Yes WEIR, STEVEN D ADDRESS ON FILE Date or dates debt was incurred: 4/521 sthe claim subject to offset? Last 4 digits of account number: 2394 Contingent Uniquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions St. 531.83 S3.53 WELLS, AMANDA M ADDRESS ON FILE Date or dates debt was incurred: 4/521 sthe claim subject to offset? Last 4 digits of account number: 2394 No Yes WELLS, AMANDA M ADDRESS ON FILE Date or dates debt was incurred: 4/521 sthe claim subject to offset? List 4 digits of account number: 4941 Contingent Contingent | | ADDRESS ON FILE | | | | |
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| Date or dates debt was incurred: 4/5/21 | | | | Disputed | | |
| Last 4 digits of account number: 4730 | | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| Last 4 digits of account number: 4730 No Yes Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.194 Priority creditor's name and address WEIR, STEVEN D ADDRESS ON FILE Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 2394 No Yes Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) 2.195 Priority creditor's name and address WELLS, AMANDA M ADDRESS ON FILE Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 2394 No Yes Potential of the claim of the claim was incurred: 4/5/21 Is the claim subject to offset? Last 4 digits of account number: 4/5/21 Is the claim is: Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Is the claim subject to offset? Is the claim | | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
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| WEIR, STEVEN D ADDRESS ON FILE About a the patition filing date, the claim is: Check all that apply. | | | 11 U.S.C. § 507(a)(4) | | | |
| WEIR, STEVEN D ADDRESS ON FILE Contingent Unliquidated Disputed | 2.194 | Priority creditor's name and address | | | \$4,813.30 | \$4,813.30 |
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| Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions Date or dates debt was incurred: 4/5/21 | | | | Unliquidated | | |
| Date or dates debt was incurred: 4/5/21 | | | | Disputed | | |
| Last 4 digits of account number: 4941 Specify Code subsection of Priority unsecured claim: 2.196 Priority creditor's name and address WELLS, TRAVIS ADDRESS ON FILE ADDRESS ON FILE WELLS, TRAVIS Check all that apply. Contingent | | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| Last 4 digits of account number: 4941 Specify Code subsection of Priority unsecured claim: 2.196 Priority creditor's name and address WELLS, TRAVIS ADDRESS ON FILE ADDRESS ON FILE WELLS, TRAVIS Check all that apply. Contingent | | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| Specify Code subsection of Priority unsecured claim: 2.196 Priority creditor's name and address WELLS, TRAVIS ADDRESS ON FILE ADDRESS ON FILE Wes S11.207.78 As of the petition filing date, the claim is: Check all that apply. Contingent | | | | | | |
| Specify Code subsection of Priority unsecured claim: 2.196 Priority creditor's name and address WELLS, TRAVIS ADDRESS ON FILE S11,207.78 As of the petition filing date, the claim is: Check all that apply. Contingent | | Last 4 digits of account number: | 나고나 I | _ | | |
| unsecured claim: 2.196 Priority creditor's name and address WELLS, TRAVIS ADDRESS ON FILE Check all that apply. Contingent | | Specify Code subsection of Priority | | ☐ Yes | | |
| WELLS, TRAVIS ADDRESS ON FILE Check all that apply. Contingent | | | 11 U.S.C. § 507(a)(4) | | | |
| WELLS, TRAVIS ADDRESS ON FILE Check all that apply. Contingent | 2.196 | Priority creditor's name and address | | | \$11,207.78 | <u>\$11,207.78</u> |
| ☐ Contingent | | WELLS, TRAVIS | | | <u> </u> | |
| | | ADDRESS ON FILE | | | | |
| ☐ Unliquidated | | | | | | |
| <u> </u> | | | | Unliquidated | | |
| ☐ Disputed | | | | ☐ Disputed | | |
| Basis for the Claim: Wages, Benefits, PTO, and Charitable Deductions | | | | Basis for the Claim: Wages, Benefits, PTO, and Ch | aritable Deductions | |
| Date or dates debt was incurred: 4/5/21 Is the claim subject to offset? | | Date or dates debt was incurred: | 4/5/21 | Is the claim subject to offset? | | |
| m ' | | | | | | |
| <u> </u> | | Last 4 digits of account number: | 4001 | | | |
| Specify Code subsection of Priority 44.1.0.0. \$ 507(x)(4) | | Specify Code subsection of Priority | | ☐ Yes | | |
| unsecured claim: 11 U.S.C. § 507(a)(4) | | | 11 U.S.C. § 507(a)(4) | | | |

Official Form 206E/F

Debtor Name: TECT Aerospace Wellington Inc.

Case Number: 21-10673

Additional Page Part 1: Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. **Total Claim Priority Amount** 2.197 Priority creditor's name and address \$6,193.06 \$6,193.06 WHITE, ROBERT As of the petition filing date, the claim is: ADDRESS ON FILE Check all that apply. Contingent Unliquidated Disputed Wages, Benefits, PTO, and Charitable Deductions Basis for the Claim: 4/5/21 Is the claim subject to offset? Date or dates debt was incurred: X No Last 4 digits of account number: 921 Yes **Specify Code subsection of Priority** 11 U.S.C. § 507(a)(4) unsecured claim: 2.198 Priority creditor's name and address \$5,266.15 \$5,266.15 WOOD, JAMES R As of the petition filing date, the claim is: Check all that apply. ADDRESS ON FILE

☐ Contingent☐ Unliquidated☐ Disputed☐ Basis for the Claim:

X No

Yes

Is the claim subject to offset?

Wages, Benefits, PTO, and Charitable Deductions

Date or dates debt was incurred:

Last 4 digits of account number:

unsecured claim:

Specify Code subsection of Priority

4/5/21

9423

11 U.S.C. § 507(a)(4)

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.

| | | | | Amount of claim | |
|---|-------------------|--------------------|--|-----------------|----------|
| Nonpriority creditor's name and mailing address AAA PLATING INC | | | As of the petition filing date, the claim is: Check all that apply. | \$ | 977.28 |
| Creditor Name | | | □ Contingent | | |
| | | | | | |
| Creditor's Notice n | ame | | | | |
| | | | ☐ Disputed Basis for the claim: | | |
| 424 E DIXON S Address | STREET | | Trade | | |
| | | | ildue | _ | |
| COMPTON | CA | 90222 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | s debt was incurr | red | Is the claim subject to offset? | | |
| Not Stated | | | ☑ No | | |
| Last 4 digits | of account | | ☐ Yes | | |
| | creditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 5,508.38 |
| | | | ☐ Contingent | | |
| Creditor's Notice na | name | | Unliquidated | | |
| | | | ☐ Disputed | | |
| 3838 W MAY S Address | <u></u> | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| WICHITA | KS | 67213 | | | |
| City | State | ZIP Code | | | |
| • | | | | | |
| Country | | | | | |
| Date or dates | s debt was incurr | red | Is the claim subject to offset? | | |
| Various | | | ✓ No | | |
| Last 4 digits | of account | | □ Yes | | |
| number | | | | | |

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| Nonpriority creditor's name and mailing address ACB SAS | | | As of the petition filing date, the claim is: | \$ | 15,553.0 |
|---|--|---------------------|--|----|------------------|
| ACB SAS Creditor Name | | | Check all that apply. | | |
| | | | ☐ Contingent | | |
| Creditor's Notice na | | | ☐ Unliquidated | | |
| Creditor's Notice ha | irne | | ☐ Disputed | | |
| ACB SAS | | | Basis for the claim: | | |
| Address | | | Trade | | |
| 1610 AIRPORT | ROAD | | | _ | |
| MONROE | NC | 28110 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | debt was incurr | red | Is the claim subject to offset? | | |
| | | | ✓ No | | |
| | | | INO | | |
| 5/21/2020 Last 4 digits o | of account | | □ Yes | | |
| Last 4 digits o | | | □ Yes | | |
| Last 4 digits o | editor's name a | and mailing address | | \$ | 21,509.2 |
| Last 4 digits on number Nonpriority cr | editor's name a | and mailing address | ☐ Yes As of the petition filing date, the claim is: Check all that apply. | \$ | 21,509. |
| Last 4 digits of number Nonpriority cr ADEPT FASTEN | editor's name a | and mailing address | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent | \$ | 21,509.2 |
| Last 4 digits of number Nonpriority cr ADEPT FASTEN | reditor's name a NERS | and mailing address | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated | \$ | 21,509 <i>.1</i> |
| Nonpriority cr ADEPT FASTEN Creditor Name Creditor's Notice na | reditor's name a NERS | and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 21,509.2 |
| Last 4 digits of number Nonpriority cr ADEPT FASTEN Creditor Name | reditor's name a NERS | and mailing address | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated | \$ | 21,509.2 |
| Last 4 digits of number Nonpriority cr ADEPT FASTEN Creditor Name Creditor's Notice na | reditor's name a NERS | and mailing address | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 21,509. |
| Last 4 digits of number Nonpriority cr ADEPT FASTEN Creditor Name Creditor's Notice na | reditor's name a | and mailing address | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 21,509 <i>.:</i> |
| Last 4 digits of number Nonpriority cr ADEPT FASTEN Creditor Name Creditor's Notice na PO BOX 579 Address | reditor's name a | | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 21,509. |
| Last 4 digits of number Nonpriority or ADEPT FASTEN Creditor Name Creditor's Notice nate PO BOX 579 Address | reditor's name a | 91310 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 21,509. |
| Last 4 digits of number Nonpriority or ADEPT FASTEN Creditor Name Creditor's Notice nate PO BOX 579 Address SANTA CLARIT City Country | reditor's name a | 91310 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | \$ | 21,509.2 |
| Last 4 digits of number Nonpriority or ADEPT FASTEN Creditor Name Creditor's Notice nate PO BOX 579 Address SANTA CLARIT City Country | reditor's name and NERS me CA CA State debt was incurrent | 91310 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 21,509.2 |

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| Nonpriority creditor's name and mailing address AIRGAS - MID SOUTH INC | | | As of the petition filing date, the claim is: \$ | 1,456.0 |
|---|---|------------------------|--|----------|
| Creditor Name | | | Check all that apply. | |
| | | | ☐ Contingent | |
| Creditor's Notice na | ame | | Unliquidated | |
| | | | ☐ Disputed | |
| PO BOX 734671 Address | | | Basis for the claim: | |
| | | | Trade | |
| DALLAS | TX | 75373-4671 | | |
| City | State | ZIP Code | | |
| Country | | | le the plain publication (%==0) | |
| | debt was incurr | red | Is the claim subject to offset? ☑ No | |
| Various | | | V NO | |
| Last 4 digits | of account | | □ Yes | |
| Last 4 digits on number | of account | | ☐ Yes | |
| number Nonpriority c | reditor's name a | and mailing address | As of the petition filing date, the claim is: \$ | 28,236.0 |
| number | reditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 28,236.0 |
| number Nonpriority c AMI METALS IN | reditor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 28,236.1 |
| number Nonpriority c AMI METALS IN | reditor's name a NC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated | 28,236.6 |
| number Nonpriority c AMI METALS IN Creditor Name | ereditor's name a NC ame | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 28,236.6 |
| number Nonpriority c AMI METALS IN Creditor Name | ereditor's name a NC ame | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 28,236.6 |
| Nonpriority c AMI METALS IN Creditor Name Creditor's Notice no | ereditor's name a NC ame | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 28,236. |
| Nonpriority c AMI METALS IN Creditor Name Creditor's Notice no | ereditor's name a NC ame | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 28,236. |
| Nonpriority C AMI METALS IN Creditor Name Creditor's Notice no PO BOX 95247 Address | ame ame | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 28,236.6 |
| Nonpriority c AMI METALS IN Creditor Name Creditor's Notice no PO BOX 95247 Address ST LOUIS | ame MO MO | 63195-2474 | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 28,236. |
| Nonpriority c AMI METALS IN Creditor Name Creditor's Notice no PO BOX 95247 Address ST LOUIS City Country Date or dates | ame MO MO | 63195-2474 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 28,236. |
| Nonpriority c AMI METALS IN Creditor Name Creditor's Notice no PO BOX 95247 Address ST LOUIS City Country | ame MO State Steeditor's name and a NC AMO State | 63195-2474 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 28,236.4 |

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| Name | Dr J | | | • | |
|---|---------------------|------------------------------|---|----|---------|
| A Nonpriority creditor's name and mailing address APAC KANSAS INC Creditor Name | | | As of the petition filing date, the claim is: Check all that apply. | \$ | 2,155.8 |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice name | • | | ☐ Disputed | | |
| SHEARS DIVISION | | | Basis for the claim: | | |
| Address | | | Trade | | |
| PO BOX 1605 | | | | _ | |
| HUTCHINSON | KS | 67504-1605 | | | |
| City | State | ZIP Code | | | |
| Country | | | <u></u> | | |
| Date or dates de | ebt was incurr | red | Is the claim subject to offset? | | |
| Various | | | ☑ No | | |
| Last 4 digits of a | account | | □ Yes | | |
| | | | | | |
| number | litor's name a | nd mailing address | As of the netition filling date the claim is: | \$ | 1 105 1 |
| | | nd mailing address .OGIES | As of the petition filing date, the claim is: Check all that apply. | \$ | 1,195.2 |
| Nonpriority cred | | _ | | \$ | 1,195.2 |
| Nonpriority cred | | _ | Check all that apply. | \$ | 1,195.2 |
| Nonpriority cred | RIAL TECHNOL | _ | Check all that apply. □ Contingent | \$ | 1,195.2 |
| Nonpriority cred APPLIED INDUSTI Creditor Name | RIAL TECHNOL | _ | Check all that apply. □ Contingent □ Unliquidated | \$ | 1,195.2 |
| Nonpriority cred APPLIED INDUSTI Creditor Name Creditor's Notice name | RIAL TECHNOL | _ | Check all that apply. Contingent Unliquidated Disputed | \$ | 1,195.2 |
| Nonpriority cred APPLIED INDUSTI Creditor Name Creditor's Notice name 22510 NETWORK | RIAL TECHNOL | _ | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,195.2 |
| Nonpriority cred APPLIED INDUSTI Creditor Name Creditor's Notice name 22510 NETWORK | RIAL TECHNOL | _ | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,195.2 |
| Nonpriority cred APPLIED INDUSTI Creditor Name Creditor's Notice name 22510 NETWORK Address | PLACE | OGIES | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,195.2 |
| Nonpriority cred APPLIED INDUSTI Creditor Name Creditor's Notice name 22510 NETWORK Address CHICAGO City Country | PLACE IL State | 60673-1225 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 1,195.2 |
| Nonpriority cred APPLIED INDUSTI Creditor Name Creditor's Notice name 22510 NETWORK Address CHICAGO City Country Date or dates de | PLACE IL State | 60673-1225 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | \$ | 1,195.2 |
| Nonpriority cred APPLIED INDUSTI Creditor Name Creditor's Notice name 22510 NETWORK Address CHICAGO City Country | PLACE IL State | 60673-1225 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 1,195.2 |

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| Nonpriority creditor's name and mailing address ARLINGTON INTERNATIONAL | | | As of the petition filing date, the claim is: \$ Check all that apply. | 6,780.0 | | |
|--|--|------------------------|---|---------|--|--|
| Creditor Name | | | ☐ Contingent | | | |
| | | | • | | | |
| Creditor's Notice n | ame | | Unliquidated | | | |
| | | | ☐ Disputed Basis for the claim: | | | |
| A/AP LOCKBOX Address | | | Trade | | | |
| P.O. BOX 6750 | 054 | | | | | |
| DALLAS | TX | 75267-5054 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | le the plain publicat to effect? | | | |
| | s debt was incurr | red | Is the claim subject to offset? ☑ No | | | |
| 2/26/2021 | | | <u> </u> | | | |
| Last 4 digits | of account | | ☐ Yes | | | |
| Last 4 digits number | of account | | □ Yes | | | |
| number Nonpriority c | reditor's name a | and mailing address | As of the petition filing date, the claim is: \$ | 515.0 | | |
| number | reditor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 515.0 | | |
| number Nonpriority c ARROW LABO | reditor's name a | and mailing address | As of the petition filing date, the claim is: \$Check all that apply. | 515.C | | |
| number Nonpriority c ARROW LABO Creditor Name | reditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 515.0 | | |
| number Nonpriority c ARROW LABO | reditor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 515.C | | |
| number Nonpriority c ARROW LABO Creditor Name Creditor's Notice n | reditor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 515.0 | | |
| number Nonpriority c ARROW LABO Creditor Name | reditor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 515.C | | |
| number Nonpriority c ARROW LABO Creditor Name Creditor's Notice n | reditor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 515.C | | |
| number Nonpriority c ARROW LABO Creditor Name Creditor's Notice n PO BOX 248 Address | RATORY INC | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 515.0 | | |
| number Nonpriority c ARROW LABO Creditor Name Creditor's Notice none PO BOX 248 Address WICHITA | RATORY INC | 67201-0248 | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 515.0 | | |
| number Nonpriority c ARROW LABO Creditor Name Creditor's Notice none PO BOX 248 Address WICHITA City Country | RATORY INC | 67201-0248 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 515.0 | | |
| number Nonpriority c ARROW LABO Creditor Name Creditor's Notice none PO BOX 248 Address WICHITA City Country | ereditor's name a RATORY INC ame KS State S debt was incurr | 67201-0248 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 515.0 | | |

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| Name | | | | | |
|---|---|--------------------|---|----|-------|
| Nonpriority cred | itor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 966.9 |
| Creditor Name | | | □ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice name | | | · □ Disputed | | |
| PO BOX 5001 | | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| | | | | | |
| CAROL STREAM | IL | 60197-5001 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates de | bt was incurr | red | Is the claim subject to offset? ☑ No | | |
| 3/11/2021 | | | | | |
| Last 4 digits of a number | ccount | | 100 | | |
| Nonpriority creditor's name and mailing address | | | | • | |
| | itor's name a | nd mailing address | As of the petition filing date, the claim is: | \$ | 500.0 |
| AUSTIN N.C., INC Creditor Name | itor's name a | nd mailing address | Check all that apply. | \$ | 500.0 |
| AUSTIN N.C., INC | itor's name a | nd mailing address | | \$ | 500.0 |
| AUSTIN N.C., INC Creditor Name | itor's name a | nd mailing address | Check all that apply. | \$ | 500.0 |
| AUSTIN N.C., INC | itor's name a | nd mailing address | Check all that apply. Contingent Unliquidated Disputed | \$ | 500.0 |
| AUSTIN N.C., INC Creditor Name Creditor's Notice name 505 E. HUNTLAND | | | Check all that apply. Contingent Unliquidated | \$ | 500.0 |
| AUSTIN N.C., INC Creditor Name Creditor's Notice name | | | Check all that apply. Contingent Unliquidated Disputed | - | 500.1 |
| AUSTIN N.C., INC Creditor Name Creditor's Notice name 505 E. HUNTLAND Address | DR., SUITE 54 | 10 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | - | 500.0 |
| AUSTIN N.C., INC Creditor Name Creditor's Notice name 505 E. HUNTLAND Address | DR., SUITE 54 | 78752 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | - | 500.C |
| AUSTIN N.C., INC Creditor Name Creditor's Notice name 505 E. HUNTLAND Address | DR., SUITE 54 | 10 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | - | 500.0 |
| AUSTIN N.C., INC Creditor Name Creditor's Notice name 505 E. HUNTLAND Address | DR., SUITE 54 | 78752 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | - | 500.0 |
| AUSTIN N.C., INC Creditor Name Creditor's Notice name 505 E. HUNTLAND Address AUSTIN City | DR., SUITE 54 TX State | 78752 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | * | 500.0 |
| AUSTIN N.C., INC Creditor Name Creditor's Notice name 505 E. HUNTLAND Address AUSTIN City Country | DR., SUITE 54 TX State bt was incurr | 78752 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | * | 500.0 |

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| Nonpriority creditor's name and mailing address AUTOMART | | | As of the petition filing date, the claim is: \$ | 189.1 | | |
|--|--------------------------------|---------------------|--|-------|--|--|
| Creditor Name | | | Check all that apply. | | | |
| | | | ☐ Contingent | | | |
| Creditor's Notice na | ame | | Unliquidated | | | |
| | | | ☐ Disputed | | | |
| 1400 E DOUGL | AS | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| WICHITA | KS | 67214 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | | | | |
| | debt was incuri | red | Is the claim subject to offset? ☑ No | | | |
| Not Stated | -6 | | | | | |
| Last 4 digits of account | | | □ Yes | | | |
| number | | | | | | |
| Nonpriority c | | and mailing address | As of the petition filling date, the claim is: \$ | 385.0 | | |
| | | and mailing address | Check all that apply. | 385.0 | | |
| Nonpriority c | | and mailing address | | 385.0 | | |
| AUTOMATION Creditor Name | PLUS INC | and mailing address | Check all that apply. | 385.0 | | |
| Nonpriority c | PLUS INC | and mailing address | Check all that apply. ☐ Contingent | 385.0 | | |
| AUTOMATION Creditor Name Creditor's Notice na 3409 W HARRY | PLUS INC | and mailing address | Check all that apply. ☐ Contingent ☐ Unliquidated | 385.0 | | |
| AUTOMATION Creditor Name | PLUS INC | and mailing address | Check all that apply. Contingent Unliquidated Disputed | 385.0 | | |
| Nonpriority c AUTOMATION Creditor Name Creditor's Notice na 3409 W HARRY Address | PLUS INC ame / ST | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 385.C | | |
| Nonpriority c AUTOMATION Creditor Name Creditor's Notice na 3409 W HARRY Address | PLUS INC ame / ST | 67213 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 385.0 | | |
| Nonpriority c AUTOMATION Creditor Name Creditor's Notice na 3409 W HARRY Address | PLUS INC ame / ST | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 385.C | | |
| Nonpriority c AUTOMATION Creditor Name Creditor's Notice na 3409 W HARRY Address WICHITA City Country | PLUS INC ame / ST KS State | 67213 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 385.0 | | |
| AUTOMATION Creditor Name Creditor's Notice not address WICHITA City Country Date or dates | PLUS INC ame / ST | 67213 ZIP Code | Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 385.0 | | |
| Nonpriority c AUTOMATION Creditor Name Creditor's Notice na 3409 W HARRY Address WICHITA City Country | PLUS INC ame / ST KS State | 67213 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 385.0 | | |

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| 5 Nonpriority creditor's name and mailing address BARRY'S DIESEL SERVICE, LLC | | | As of the petition filing date, the claim is: \$ | 682.3 | | |
|---|---|--------------------------------------|---|-------|--|--|
| BARRY'S DIESEL SERVICE, LLC Creditor Name | | | Check all that apply. | | | |
| | | | ☐ Contingent | | | |
| Craditaria Nation no | | | Unliquidated | | | |
| Creditor's Notice nar | ne | | ☐ Disputed | | | |
| 3315 CENTRAL | | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| WINFIELD | N.C. | 67156 | | | | |
| City | KS State | 67156 ZIP Code | | | | |
| Country | | | | | | |
| | debt was incurr | red | Is the claim subject to offset? ☑ No | | | |
| 3/29/2018 | | | | | | |
| Last 4 digits of account | | | □ Yes | | | |
| number | raccount | | □ Yes | | | |
| number Nonpriority cre | editor's name a | and mailing address | As of the petition filing date, the claim is: \$ | 851.6 | | |
| number | editor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 851.6 | | |
| number Nonpriority cre BARTON SOLVE | editor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 851.6 | | |
| number Nonpriority cre BARTON SOLVE | editor's name a ENTS INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated | 851.6 | | |
| Nonpriority cre BARTON SOLVE Creditor Name | editor's name a ENTS INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 851.6 | | |
| Nonpriority cre BARTON SOLVE Creditor Name Creditor's Notice name | editor's name a ENTS INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 851.6 | | |
| Nonpriority cre BARTON SOLVE Creditor Name Creditor's Notice nar | editor's name a ENTS INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 851.6 | | |
| Nonpriority Cre BARTON SOLVE Creditor Name Creditor's Notice nar PO BOX 711 Address | editor's name a | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 851.6 | | |
| Nonpriority cre BARTON SOLVE Creditor Name Creditor's Notice name | editor's name a ENTS INC | and mailing address 67042 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 851.6 | | |
| Nonpriority cre BARTON SOLVE Creditor Name Creditor's Notice nar PO BOX 711 Address EL DORADO | editor's name a | 67042 | As of the petition filling date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 851.6 | | |
| Nonpriority cre BARTON SOLVE Creditor Name Creditor's Notice nar PO BOX 711 Address EL DORADO City Country | editor's name a | 67042 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 851.6 | | |
| Nonpriority cre BARTON SOLVE Creditor Name Creditor's Notice nar PO BOX 711 Address EL DORADO City Country | editor's name a ENTS INC me KS State debt was incurr | 67042 ZIP Code | As of the petition filling date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 851. | | |

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| Name | | | | |
|---------------------------|------------------|---------------------------------|--|---------|
| | reditor's name a | and mailing address SING INC | As of the petition filing date, the claim is: \$ _ Check all that apply. | 1,678.0 |
| Creditor Name | | | □ Contingent | |
| | | | ☐ Unliquidated | |
| Creditor's Notice na | ame | | □ Disputed | |
| PO BOX 20174 | ·5 | | Basis for the claim: | |
| Address | | | Trade | |
| | | | | |
| DALLAS City | TX State | 75320 ZIP Code | | |
| Country | | | | |
| Date or dates | debt was incurr | red | Is the claim subject to offset? | |
| Not Stated | | | ☑ No | |
| Last 4 digits | of account | | ☐ Yes | |
| number | | | | |
| Nonpriority c BODYCOTE W | | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 2,337.6 |
| Creditor Name | | | □ Contingent | |
| | | | - | |
| Creditor's Notice na | ame | | Unliquidated | |
| DO DOV 00474 | | | ☐ Disputed Basis for the claim: | |
| PO BOX 20174 Address | 5 | | Trade | |
| | | | | |
| DALLAS | TX | 75320-1745 | | |
| City | State | ZIP Code | | |
| | | | | |
| Country | | | Is the claim subject to offset? | |
| • | debt was incurr | red | | |
| • | debt was incurr | red | ✓ No | |
| Date or dates | | red | | |

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| Contingent Check all that apply. Contingent Unliquidated | Name | | | | | |
|--|--|--|------------------------|---|----|-------------|
| Creditor Notice name Contingent Unliquidated Disputed Basis for the claim: Materials Purchased Country Date or dates debt was incurred Various Last 4 digits of account No priority creditor's name and mailing address DEDENG C/O TMX DIV/ISION Creditor Notice name PO BOX 277851 Address Address Address Address Address Address Address Address Country Date or dates debt was incurred No Yes Contingent Unliquidated Disputed Disputed Basis for the claim is: \$ 1,384,418.818 | Nonpriority creditor's name and mailing address Boeing | | | | \$ | 2,555,058.0 |
| Creditor's Notice name Unliquidated Disputed | Creditor Name | | | | | |
| Coditor's Notice name 100 North Riverside Address Chicago IL 60606 City State ZiP Code State Is the claim subject to offset? Check all that apply. Check all that apply. Codition's Notice name PO BOX 277851 Address At LANTA GA 30384-7851 City State ZiP Code Basis for the claim subject to offset? Country Basis for the claim: Address Address | Creditor's Notice name | | | - | | |
| 100 North Riverside | | | | <u> </u> | | |
| Address Materials Purchased Chicago IL 60606 City State ZIP Code Country Date or dates debt was incurred Various No Yes Nonpriority creditor's name and mailing address BOEING C/O TMX DIVISION Creditor Name Uniquidated Creditor Notice name Uniquidated Creditor Notice name Disputed Basis for the claim: Address Address Address Address Address Address Address State ZIP Code Materials Purchased Materials Purchased Materials Purchased As of the petition filling date, the claim is: \$ 1,384,418.18 Check all that apply. Contingent Uniquidated Disputed Disputed Basis for the claim: Materials Purchased Address Materials Purchased | 400 North Discovide | | | • | | |
| Chicago IL 60606 City State ZIP Code State State | | | | | | |
| Country Date or dates debt was incurred Various Last 4 digits of account Nonpriority creditor's name and mailing address BOEING C/O TMX DIVISION Creditor Name Creditor Notice name PO BOX 277851 Address ATLANTA GA State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? Is the claim subject to offset? Unliquidated Disputed Basis for the claim: Materials Purchased Is the claim subject to offset? Is the claim subject to offset? Is the claim subject to offset? | | | | Materials Purchased | | |
| Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address BOEING C/O TMX DIVISION Creditor Name PO BOX 277851 Address ATLANTA GA State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? Is the claim subject to offset? Unliquidated Disputed Basis for the claim: Materials Purchased Is the claim subject to offset? Last 4 digits of account Vers As of the petition filing date, the claim is: Check all that apply. Contingent Disputed Basis for the claim: Materials Purchased | Chicago | IL | 60606 | | | |
| Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address BOEING C/O TMX DIVISION Creditor Name Creditor's Notice name PO BOX 277851 Address ATLANTA GA State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset? No Yes As of the petition filling date, the claim is: \$ 1,384,418.8 Check all that apply. Check | | | | | | |
| Various Last 4 digits of account number Nonpriority creditor's name and mailing address BOEING C/O TMX DIVISION Creditor Name Creditor's Notice name PO BOX 277851 Address Address As of the petition filing date, the claim is: \$ 1,384,418.8 Unliquidated Disputed Basis for the claim: Materials Purchased Address Attanta GA 30384-7851 City State ZIP Code Latter and the subject to offset? No | Country | | | | | |
| Last 4 digits of account number Nonpriority creditor's name and mailing address BOEING C/O TMX DIVISION Creditor Name Creditor's Notice name PO BOX 277851 Address ATLANTA GA Sitate S | Date or dates | debt was incurr | ed | Is the claim subject to offset? | | |
| Nonpriority creditor's name and mailing address BOEING C/O TMX DIVISION Creditor Name Creditor's Notice name PO BOX 277851 Address As of the petition filing date, the claim is: \$ 1,384,418.5 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Materials Purchased AtLANTA GA 30384-7851 City State ZIP Code Basis for the claim: Materials purchased State ZIP Code Is the claim subject to offset? Various | Various | | | □ No | | |
| Nonpriority creditor's name and mailing address BOEING C/O TMX DIVISION Creditor Name Creditor's Notice name PO BOX 277851 Address As of the petition filling date, the claim is: \$ 1,384,418.5 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Materials Purchased Atlanta GA State ZIP Code Is the claim subject to offset? Various | Last 4 digits | of account | | ✓ Yes | | |
| Creditor's Notice name PO BOX 277851 Address Address ATLANTA City Country Date or dates debt was incurred Various Contingent Unliquidated Disputed Basis for the claim: Materials Purchased Is the claim subject to offset? No | _ | | | 00 | | |
| Creditor's Notice name PO BOX 277851 Address ATLANTA City Country Date or dates debt was incurred Various Disputed Basis for the claim: Materials Purchased Materials Purchased Is the claim subject to offset? No | number Nonpriority c BOEING C/O T | reditor's name a | nd mailing address | As of the petition filing date, the claim is: | \$ | 1,384,418. |
| PO BOX 277851 Address Basis for the claim: Materials Purchased ATLANTA GA 30384-7851 City State ZIP Code Country Date or dates debt was incurred Various Disputed Basis for the claim: Materials Purchased Is the claim subject to offset? | number Nonpriority c BOEING C/O T | reditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 1,384,418.9 |
| ATLANTA GA 30384-7851 City State ZIP Code Country Date or dates debt was incurred Various Materials Purchased Materials Purchased Is the claim subject to offset? | number Nonpriority c BOEING C/O T Creditor Name | reditor's name a MX DIVISION | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent | \$ | 1,384,418.9 |
| ATLANTA GA 30384-7851 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? | number Nonpriority c BOEING C/O T Creditor Name | reditor's name a MX DIVISION | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | 1,384,418.9 |
| Country Date or dates debt was incurred Various State ZIP Code Is the claim subject to offset? No | Nonpriority c BOEING C/O T Creditor Name Creditor's Notice na | reditor's name a MX DIVISION | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 1,384,418.9 |
| Country Date or dates debt was incurred Various State ZIP Code Is the claim subject to offset? No | Nonpriority c BOEING C/O T Creditor Name Creditor's Notice na PO BOX 27785 | reditor's name a MX DIVISION | nd mailing address | As of the petition filling date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,384,418. |
| Country Date or dates debt was incurred Various Is the claim subject to offset? No | Nonpriority C BOEING C/O T Creditor Name Creditor's Notice na PO BOX 27785 Address | reditor's name a | | As of the petition filling date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,384,418. |
| Date or dates debt was incurred Is the claim subject to offset? Various □ No | Nonpriority c BOEING C/O T Creditor Name Creditor's Notice na PO BOX 27785 Address ATLANTA | reditor's name a MX DIVISION ame 1 | 30384-7851 | As of the petition filling date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,384,418.9 |
| Various No | Nonpriority c BOEING C/O T Creditor Name Creditor's Notice na PO BOX 27785 Address ATLANTA | reditor's name a MX DIVISION ame 1 | 30384-7851 | As of the petition filling date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,384,418.9 |
| validus | Nonpriority c BOEING C/O T Creditor Name Creditor's Notice na PO BOX 27785 Address ATLANTA City | reditor's name a MX DIVISION ame 1 | 30384-7851 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Materials Purchased | \$ | 1,384,418. |
| | Nonpriority c BOEING C/O T Creditor Name Creditor's Notice na PO BOX 27785 Address ATLANTA City Country | reditor's name a MX DIVISION ame 1 GA State | 30384-7851 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Materials Purchased | \$ | 1,384,418. |

number

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| Name Nonpriority creditor's name and mailing address | | | A 64 44 89 11 1 1 1 1 | | | |
|---|---|------------------------|---|----------|--|--|
| BOEING DISTRIBUTION SERVICES INC. Creditor Name | | | As of the petition filing date, the claim is: \$ Check all that apply. | 14,253.0 | | |
| Creditor Name | | | ☐ Contingent | | | |
| | | | ☐ Unliquidated | | | |
| Creditor's Notice na | me | | ☐ Disputed | | | |
| 88289 EXPEDIT | E WAY | | Basis for the claim: | | | |
| Address | | | Materials Purchased | | | |
| CHICAGO | | 00005 0004 | | | | |
| CHICAGO | State | 60695-0001 ZIP Code | | | | |
| Country | | | | | | |
| | debt was incurr | red | Is the claim subject to offset? | | | |
| Various | | | □ No | | | |
| Last 4 digits of account | | | ✓ Yes | | | |
| Last 4 digits o | or account | | ✓ Yes | | | |
| number | or account | | ✓ Yes | | | |
| number | editor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 24,120.: | | |
| number Nonpriority cr | editor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 24,120. | | |
| number Nonpriority cr CAPPS MANUF | editor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 24,120.2 | | |
| number Nonpriority cr CAPPS MANUF | reditor's name a | and mailing address | As of the petition filing date, the claim is: \$Check all that apply. | 24,120. | | |
| Nonpriority cr CAPPS MANUF Creditor Name Creditor's Notice na | reditor's name a ACTURING INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated | 24,120. | | |
| number Nonpriority cr CAPPS MANUF Creditor Name | reditor's name a ACTURING INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 24,120.2 | | |
| Nonpriority cr CAPPS MANUF Creditor Name Creditor's Notice na 2121 S EDWAR | reditor's name a ACTURING INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 24,120.2 | | |
| Nonpriority cr CAPPS MANUF Creditor Name Creditor's Notice na 2121 S EDWAR | reditor's name a ACTURING INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 24,120.: | | |
| Nonpriority cr CAPPS MANUF Creditor Name Creditor's Notice na 2121 S EDWAR Address | reditor's name a | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 24,120.2 | | |
| Nonpriority cr CAPPS MANUF Creditor Name Creditor's Notice na 2121 S EDWAR Address WICHITA City Country | reditor's name a ACTURING INC me DS KS State | 67213 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 24,120.: | | |
| Nonpriority cr CAPPS MANUF Creditor Name Creditor's Notice na 2121 S EDWAR Address WICHITA City Country Date or dates | reditor's name a ACTURING INC me DS | 67213 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 24,120. | | |
| Nonpriority cr CAPPS MANUF Creditor Name Creditor's Notice na 2121 S EDWAR Address WICHITA City Country | reditor's name a ACTURING INC THE STATE OF | 67213 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 24,120. | | |

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| Nonpriority creditor's name and mailing address | | | As of the petition filing date, the claim is: \$ | 2,049.6 | | |
|--|---------------------------|------------------------|--|---------|--|--|
| CATES SUPPLY INC Creditor Name | | | Check all that apply. | | | |
| Creditor Name | | | ☐ Contingent | | | |
| Conditional Nation and | | | ☐ Unliquidated | | | |
| Creditor's Notice na | ime | | ☐ Disputed | | | |
| PO BOX 267 | | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| | | | | | | |
| WINFIELD | KS | 67156 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | Is the claim subject to offset? | | | |
| | debt was incurr | ed | ✓ No | | | |
| Various Last 4 digits of | of account | | | | | |
| number | | | | | | |
| | reditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 3,323.0 | | |
| Creditor Name | | | □ Contingent | | | |
| | | | ☐ Unliquidated | | | |
| Creditor's Notice na | ime | | ☐ Disputed | | | |
| Creditor's Notice name | | | · | | | |
| | 1 | | Basis for the claim: | | | |
| PO BOX 845324 Address | 4 | | • | | | |
| PO BOX 845324 | 1 | | Basis for the claim: | | | |
| PO BOX 845324 | 4 TX | 75284-5234 | Basis for the claim: | | | |
| PO BOX 845324 Address | | 75284-5234 ZIP Code | Basis for the claim: | | | |
| PO BOX 845324 Address DALLAS City Country | TX State | ZIP Code | Basis for the claim: Trade | | | |
| PO BOX 845324 Address DALLAS City Country Date or dates | TX | ZIP Code | Basis for the claim: Trade Is the claim subject to offset? | | | |
| PO BOX 845324 Address DALLAS City Country | TX State debt was incurr | ZIP Code | Basis for the claim: Trade | | | |

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| - | | nd mailing address | As of the petition filing date, the claim is: \$ | 967.6 |
|---|--|---|---|----------|
| CINTAS CORPO | DRATION #451 | | Check all that apply. | |
| | | | ☐ Contingent | |
| Creditor's Notice na | me | | Unliquidated | |
| Oroanor o monoc ma | | | ☐ Disputed | |
| PO BOX 88005 | | | Basis for the claim: | |
| Address | | | Trade | |
| CHICAGO | IL | 60680-1005 | | |
| City | State | ZIP Code | | |
| Country | | | Is the plaim publicat to offset? | |
| | debt was incurr | ed | Is the claim subject to offset? ☑ No | |
| Various | | | E 110 | |
| Last 4 digits of | of account | | □ Yes | |
| | of account | | □ Yes | |
| Last 4 digits of number Nonpriority cr City of Wellingto | editor's name a | nd mailing address | ☐ Yes As of the petition filing date, the claim is: \$ Check all that apply. | 310,497. |
| Last 4 digits on number Nonpriority cr | editor's name a | nd mailing address | As of the petition filing date, the claim is: \$ | 310,497. |
| Last 4 digits of number Nonpriority cr City of Wellingto | editor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 310,497. |
| Last 4 digits of number Nonpriority cr City of Wellingto | editor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated | 310,497. |
| Last 4 digits of number Nonpriority cr City of Wellingto Creditor Name Creditor's Notice na | reditor's name a n | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated | 310,497. |
| Last 4 digits of number Nonpriority cr City of Wellingto Creditor Name | reditor's name a n | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 310,497. |
| Last 4 digits of number Nonpriority cr City of Wellingto Creditor Name Creditor's Notice nate and 317 S. Washingto Address | editor's name a n me ion Ave. | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 310,497. |
| Last 4 digits of number Nonpriority cr City of Wellingto Creditor Name Creditor's Notice na | reditor's name a n | and mailing address 67152-3039 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 310,497. |
| Last 4 digits of number Nonpriority cr City of Wellingto Creditor Name Creditor's Notice national 317 S. Washingt Address Wellington | me ton Ave. | 67152-3039 | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 310,497. |
| Last 4 digits of number Nonpriority cr City of Wellingto Creditor Name Creditor's Notice national address Wellington City Country | me ton Ave. | 67152-3039 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Basis for the claim: Utilities Is the claim subject to offset? | 310,497. |
| Last 4 digits of number Nonpriority cr City of Wellingto Creditor Name Creditor's Notice national address Wellington City Country | me ton Ave. KS State debt was incurr | 67152-3039 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Utilities | 310,497. |

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| Nonpriority c | | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 5,320.0 |
|---|-----------------------------|---------------------|---|---------|
| Creditor Name | WICHITA | | | |
| | | | • | |
| Creditor's Notice na | ame | | Unliquidated | |
| | | | ☐ Disputed | |
| 239 N OHIO Address | | | Basis for the claim: | |
| | | | Trade | |
| WICHITA | KS | 67214 | | |
| City | State | ZIP Code | | |
| Country | | | | |
| | debt was incurr | ed | Is the claim subject to offset? ☑ No | |
| Various Last 4 digits | | | □ Yes | |
| number | or account | | | |
| - | | and mailing address | As of the petition filing date, the claim is: \$ | 5,072.7 |
| CLAUDE MANN Creditor Name | N & ASSOC INC | | Check all that apply. | |
| | | | ☐ Contingent | |
| | | | | |
| Creditor's Notice n | ame | | Unliquidated | |
| Creditor's Notice na | ame | | ☐ Unliquidated☐ Disputed☐ | |
| 1720 EAST MO | | | | |
| | | | □ Disputed | |
| 1720 EAST MO | | | ☐ Disputed Basis for the claim: | |
| 1720 EAST MO | | 67211 | ☐ Disputed Basis for the claim: | |
| 1720 EAST MO Address SUITE 113 | PRRIS | 67211 ZIP Code | ☐ Disputed Basis for the claim: | |
| 1720 EAST MO Address SUITE 113 WICHITA City Country | PRRIS KS State | ZIP Code | □ Disputed Basis for the claim: Trade | |
| 1720 EAST MO Address SUITE 113 WICHITA City Country Date or dates | ORRIS | ZIP Code | Basis for the claim: Trade Is the claim subject to offset? | |
| 1720 EAST MO Address SUITE 113 WICHITA City Country | KS State s debt was incurr | ZIP Code | □ Disputed Basis for the claim: Trade | |

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| Nonpriority Ci | editor's name a | nd mailing address | As of the petition filing date, the claim is: \$ | 2,160.0 |
|---|------------------|------------------------|---|---------|
| CLOSED LOOP | RECYCLING LLC | _ | Check all that apply. | |
| Creditor Name | | | ☐ Contingent | |
| | | | ☐ Unliquidated | |
| Creditor's Notice na | ime | | □ Disputed | |
| PO BOX 11308 | | | Basis for the claim: | |
| Address | | | Trade | |
| | | | | |
| CLAYTON | MO | 63105 | | |
| City | State | ZIP Code | | |
| Country | | | Is the claim subject to offset? | |
| Various | debt was incurr | ed | ✓ No | |
| Last 4 digits of | of account | | | |
| number | | | | |
| Nonpriority cr | reditor's name a | | As of the petition filing date, the claim is: \$ | 2,440.0 |
| | | nd mailing address | | 2,440.0 |
| | PRODUCTS CORF | | Check all that apply. | 2,440. |
| COMPONENT F | | | Check all that apply. | 2,440.0 |
| COMPONENT F | PRODUCTS CORF | | Check all that apply. □ Contingent □ Unliquidated | 2,440. |
| COMPONENT F Creditor Name Creditor's Notice na | PRODUCTS CORF | | Check all that apply. Contingent Unliquidated Disputed | 2,440. |
| COMPONENT F Creditor Name | PRODUCTS CORF | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 2,440.0 |
| Creditor's Notice na | PRODUCTS CORF | | Check all that apply. Contingent Unliquidated Disputed | 2,440. |
| Creditor's Notice na | PRODUCTS CORF | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 2,440.1 |
| Creditor's Notice na 11623 CYRUS V Address | PRODUCTS CORF | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 2,440.1 |
| Creditor Name Creditor's Notice na 11623 CYRUS V Address MUKILTEO | PRODUCTS CORF | 98275-5405 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 2,440. |
| COMPONENT F Creditor Name Creditor's Notice na 11623 CYRUS V Address MUKILTEO City Country | PRODUCTS CORF | 98275-5405 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | 2,440.1 |
| COMPONENT F Creditor Name Creditor's Notice na 11623 CYRUS V Address MUKILTEO City Country | PRODUCTS CORF | 98275-5405 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 2,440. |

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| Nonpriority cred | | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 7,370.0 |
|--|---------------------------------|-------------------------------------|--|----|---------|
| Creditor Name | 1 COMMUNITY | COLLEGE | | | |
| | | | ☐ Contingent | | |
| Creditor's Notice name | 9 | | Unliquidated | | |
| Ordanor o riondo manie | • | | ☐ Disputed | | |
| ATTN: BUSINESS | OFFICE | | Basis for the claim: | | |
| Address | | | Trade | | |
| PO BOX 1147 | | | | _ | |
| ARKANSAS CITY | KS | 67005 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates de | ebt was incurr | red | Is the claim subject to offset? | | |
| 0/04/0004 | Date or dates debt was incurred | | ✓ No | | |
| 2/24/2021 | | | E NO | | |
| Last 4 digits of | account | | □ Yes | | |
| | account | | | | |
| Last 4 digits of number | | nd mailing address | | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority cred | | nd mailing address | ☐ Yes As of the petition filing date, the claim is: | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority cree Cox Machine Inc | | nd mailing address | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority cree Cox Machine Inc | ditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority crec Cox Machine Inc Creditor Name Creditor's Notice name | ditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority crea Cox Machine Inc Creditor Name | ditor's name a | nd mailing address | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority cred Cox Machine Inc Creditor Name Creditor's Notice name 5338 West 21st St | ditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority cree Cox Machine Inc Creditor Name Creditor's Notice name 5338 West 21st St Address Suite 100 | ditor's name a | | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority cree Cox Machine Inc Creditor Name Creditor's Notice name 5338 West 21st St Address | ditor's name a | nd mailing address 67205 ZIP Code | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority cree Cox Machine Inc Creditor Name Creditor's Notice name 5338 West 21st St Address Suite 100 WICHITA | reet N | 67205 | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority cree Cox Machine Inc Creditor Name Creditor's Notice name 5338 West 21st St Address Suite 100 WICHITA City | reet N KS State | 67205 ZIP Code | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 5,039.1 |
| Last 4 digits of number Nonpriority cree Cox Machine Inc Creditor Name Creditor's Notice name 5338 West 21st St Address Suite 100 WICHITA City Country | reet N KS State | 67205 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 5,039.1 |

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| Nonpriority cred | | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 7,420.9 |
|--|-------------------|------------------------|---|----|----------|
| Creditor Name | ICIVIC | | | | |
| | | | ☐ Contingent | | |
| Creditor's Notice name | 9 | | Unliquidated | | |
| | | | ☐ Disputed | | |
| PO BOX 515341 Address | | | Basis for the claim: | | |
| , radicos | | | Trade | _ | |
| LOS ANCELES | CA | 00054 6644 | | | |
| LOS ANGELES City | _ CA State | 90051-6641 ZIP Code | | | |
| Country | | | | | |
| Date or dates de | ebt was incurr | ed | Is the claim subject to offset? | | |
| 2/5/2021 | | | ☑ No ———————————————————————————————————— | | |
| Last 4 digits of | account | | □ Yes | | |
| | | | | | |
| number | | | | | |
| | | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 17,762.2 |
| Nonpriority cred | | nd mailing address | Check all that apply. | \$ | 17,762.2 |
| Nonpriority cred | | nd mailing address | Check all that apply. | \$ | 17,762.2 |
| Nonpriority cred | | nd mailing address | Check all that apply. Contingent Unliquidated | \$ | 17,762.2 |
| Nonpriority cred CRATE TECH INC Creditor Name Creditor's Notice name |) - | nd mailing address | Check all that apply. | \$ | 17,762.2 |
| Nonpriority crea CRATE TECH INC Creditor Name |) - | nd mailing address | Check all that apply. Contingent Unliquidated Disputed | \$ | 17,762.2 |
| Nonpriority cred CRATE TECH INC Creditor Name Creditor's Notice name |) - | nd mailing address | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 17,762. |
| Nonpriority cred CRATE TECH INC Creditor Name Creditor's Notice name |) - | nd mailing address | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 17,762. |
| Nonpriority cred CRATE TECH INC Creditor Name Creditor's Notice name 2582 MOMENTUM Address | PLACE | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 17,762.2 |
| Nonpriority cree CRATE TECH INC Creditor Name Creditor's Notice name 2582 MOMENTUM Address CHICAGO | PLACE | 60689-5325 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 17,762. |
| Nonpriority cred CRATE TECH INC Creditor Name Creditor's Notice name 2582 MOMENTUM Address CHICAGO City | M PLACE IL State | 60689-5325 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | \$ | 17,762.2 |
| Nonpriority cree CRATE TECH INC Creditor Name Creditor's Notice name 2582 MOMENTUM Address CHICAGO City Country | M PLACE IL State | 60689-5325 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 17,762.: |

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| Name | | Case number (if known): | |
|--|--------------------|--|---------|
| Nonpriority creditor's name a CREW | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 1,483.0 |
| Creditor Name | | ☐ Contingent | |
| | | ☐ Unliquidated | |
| Creditor's Notice name | | □ Disputed | |
| ATTN: STEVE FARLEY | | Basis for the claim: | |
| Address | | Trade | |
| TECT AEROSPACE - WELLINGTO | ON | | |
| 1515 NORTH A | | | |
| WELLINGTON KS | 67152 | | |
| City State | ZIP Code | | |
| Country | | | |
| Date or dates debt was incurr | ed | Is the claim subject to offset? | |
| Various | | ☑ No | |
| Last 4 digits of account | | ☐ Yes | |
| number | | | |
| Nonpriority creditor's name a | | | 075.0 |
| Nonpriority creditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ | 8/5.8 |
| CUTTING TECHNOLOGY INC | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 8/5.8 |
| | nd mailing address | | 875.8 |
| CUTTING TECHNOLOGY INC Creditor Name | nd mailing address | Check all that apply. | 875.8 |
| CUTTING TECHNOLOGY INC | nd mailing address | Check all that apply. □ Contingent | 875.8 |
| CUTTING TECHNOLOGY INC Creditor Name | nd mailing address | Check all that apply. ☐ Contingent ☐ Unliquidated | 875.8 |
| CUTTING TECHNOLOGY INC Creditor Name Creditor's Notice name | nd mailing address | Check all that apply. Contingent Unliquidated Disputed | 875.8 |
| CUTTING TECHNOLOGY INC Creditor Name Creditor's Notice name 1501 20TH ST. NW #A | nd mailing address | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 875.8 |
| CUTTING TECHNOLOGY INC Creditor Name Creditor's Notice name 1501 20TH ST. NW #A | 98001 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 875.8 |
| CUTTING TECHNOLOGY INC Creditor Name Creditor's Notice name 1501 20TH ST. NW #A Address | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 875.8 |
| CUTTING TECHNOLOGY INC Creditor Name Creditor's Notice name 1501 20TH ST. NW #A Address AUBURN WA | 98001 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 875.8 |
| CUTTING TECHNOLOGY INC Creditor Name Creditor's Notice name 1501 20TH ST. NW #A Address AUBURN City WA State | 98001 ZIP Code | Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 875.8 |
| CUTTING TECHNOLOGY INC Creditor Name Creditor's Notice name 1501 20TH ST. NW #A Address AUBURN City WA City Country | 98001 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 875.8 |

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| Monpriority cre | ditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ | 8,424.2 |
|--|-----------------|------------------------|--|----------------|
| CYGNUS, INC | | | Check all that apply. | |
| Creditor Name | | | ☐ Contingent | |
| | | | Unliquidated | |
| Creditor's Notice nam | e | | ☐ Disputed | |
| PO BOX 466 | | | Basis for the claim: | |
| Address | | | Trade | |
| | | | | |
| PONDERAY City | State | 83852-0466 ZIP Code | | |
| Country | | | | |
| Date or dates d | lebt was incurr | red | Is the claim subject to offset? | |
| Various | | | | |
| Last 4 digits of | account | | ☐ Yes | |
| number Nonpriority cre | ditor's name a | | As of the potition filing date the claim is: | 5,293. |
| - | | ind mailing address | As of the petition filing date, the claim is: \$ | 0,200. |
| DE LAGE LANDE | | ind mailing address | Check all that apply. | 0,230. |
| - | | ind mailing address | | 0,200. |
| DE LAGE LANDE Creditor Name | N | nd mailing address | Check all that apply. | 0,200. |
| DE LAGE LANDE | N | ind mailing address | Check all that apply. □ Contingent | 0,200. |
| DE LAGE LANDE Creditor Name Creditor's Notice nam PO BOX 41602 | N | ind mailing address | Check all that apply. ☐ Contingent ☐ Unliquidated | 0,200. |
| DE LAGE LANDE Creditor Name Creditor's Notice name | N | ind mailing address | Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed | 0,200. |
| DE LAGE LANDE Creditor Name Creditor's Notice nam PO BOX 41602 | e e | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | ζ ,250. |
| DE LAGE LANDE Creditor Name Creditor's Notice nam PO BOX 41602 Address | N | 19101-1602 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 0,200 . |
| DE LAGE LANDE Creditor Name Creditor's Notice nam PO BOX 41602 Address PHILADELPHIA | PA | 19101-1602 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 3,230 . |
| DE LAGE LANDE Creditor Name Creditor's Notice nam PO BOX 41602 Address PHILADELPHIA City | PA State | 19101-1602 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | G,250. |
| DE LAGE LANDE Creditor Name Creditor's Notice nam PO BOX 41602 Address PHILADELPHIA City Country | PA State | 19101-1602 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 0,200. |
| DE LAGE LANDE Creditor Name Creditor's Notice nam PO BOX 41602 Address PHILADELPHIA City Country Date or dates d | PA State | 19101-1602 ZIP Code | Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | G,ESC. |

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| | | and mailing address | As of the petition filing date, the claim is: \$ | 1,313.2 |
|--|---|---------------------|---|-----------|
| DERBY OVERI- | HEAD CO. | | Check all that apply. | |
| | | | ☐ Contingent | |
| Creditor's Notice na | ame | | Unliquidated | |
| Ordanor o reduce re | amo | | ☐ Disputed | |
| 3019 N OLIVER ST | | | Basis for the claim: | |
| Address | | | Trade | |
| DERBY | K6 | 67027 | | |
| City | KS State | ZIP Code | | |
| Country | | | | |
| Date or dates | debt was incurr | red | Is the claim subject to offset? | |
| Various | | | ☑ No | |
| Last 4 digits | or account | | □ Yes | |
| | | | | |
| number | | | | |
| | | and mailing address | As of the petition filing date, the claim is: \$Check all that apply. | 125,174. |
| Nonpriority c | | and mailing address | | 125,174. |
| Nonpriority c | | and mailing address | Check all that apply. ☐ Contingent | 125,174.: |
| Nonpriority c | SERVICES INC | and mailing address | Check all that apply. □ Contingent □ Unliquidated | 125,174. |
| Nonpriority c DIVERSIFIED S Creditor Name | SERVICES INC | and mailing address | Check all that apply. ☐ Contingent | 125,174.: |
| Nonpriority c DIVERSIFIED S Creditor Name | SERVICES INC | and mailing address | Check all that apply. Contingent Unliquidated Disputed | 125,174. |
| Nonpriority c DIVERSIFIED S Creditor Name Creditor's Notice no | SERVICES INC | and mailing address | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 125,174. |
| Nonpriority c DIVERSIFIED S Creditor Name Creditor's Notice in 27 CLARK AVE Address | SERVICES INC ame PARK NO 2 | and mailing address | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 125,174. |
| Nonpriority c DIVERSIFIED S Creditor Name Creditor's Notice n. 27 CLARK AVE Address INDUSTRIAL P | SERVICES INC ame PARK NO 2 | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 125,174. |
| Nonpriority c DIVERSIFIED S Creditor Name Creditor's Notice in 27 CLARK AVE Address INDUSTRIAL P WELLINGTON City Country | SERVICES INC ame PARK NO 2 KS State | 67152 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 125,174. |
| Nonpriority c DIVERSIFIED S Creditor Name Creditor's Notice noti | SERVICES INC Tame PARK NO 2 KS | 67152 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | 125,174. |
| Nonpriority c DIVERSIFIED S Creditor Name Creditor's Notice in 27 CLARK AVE Address INDUSTRIAL P WELLINGTON City Country | SERVICES INC ame PARK NO 2 KS State | 67152 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 125,174. |

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| Name | | | | |
|---|-------------------------|--------------------------------------|---|---------|
| ELECTRONIC | creditor's name a | nd mailing address ALS INC | As of the petition filing date, the claim is: \$ Check all that apply. | 678. |
| Creditor Name | | | ☐ Contingent | |
| | | | ☐ Unliquidated | |
| Creditor's Notice r | name | | □ Disputed | |
| PO BOX 572 | | | Basis for the claim: | |
| Address | | | Trade | |
| | | | | |
| KEENE | NH | 03431 | | |
| City | State | ZIP Code | | |
| Country | | | | |
| | s debt was incurr | ed | Is the claim subject to offset? ☑ No | |
| 3/15/2021 | | | | |
| | | | | |
| Last 4 digits | of account | | ☐ Yes | |
| - | of account | | | |
| Last 4 digits number Nonpriority of | creditor's name a | nd mailing address | ☐ Yes As of the petition filing date, the claim is: \$ | 332.0 |
| Last 4 digits number Nonpriority of EMBRAER S.A | creditor's name a | nd mailing address | □ Yes | 332.1 |
| Last 4 digits number Nonpriority of | creditor's name a | nd mailing address | ☐ Yes As of the petition filing date, the claim is: \$ | 332.0 |
| Last 4 digits number Nonpriority of EMBRAER S.A Creditor Name | creditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 332.0 |
| Last 4 digits number Nonpriority of EMBRAER S.A | creditor's name a | nd mailing address | □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent | 332.0 |
| Last 4 digits number Nonpriority of EMBRAER S.A. Creditor Name Creditor's Notice of AV. BRIGADE | creditor's name a A. | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated | 332.0 |
| Last 4 digits number Nonpriority of EMBRAER S.A. Creditor Name | creditor's name a A. | nd mailing address | □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed | 332.0 |
| Last 4 digits number Nonpriority of EMBRAER S.A. Creditor Name Creditor's Notice of AV. BRIGADE | creditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 332.1 |
| Last 4 digits number Nonpriority of EMBRAER S.A. Creditor Name Creditor's Notice of AV. BRIGADEI Address FARIA LIMA, 2 SAO JOSE DO | creditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 332.0 |
| Last 4 digits number Nonpriority of EMBRAER S.A. Creditor Name Creditor's Notice of AV. BRIGADEI Address FARIA LIMA, 2 | creditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | S 332.0 |
| Last 4 digits number Nonpriority of EMBRAER S.A. Creditor Name Creditor's Notice of AV. BRIGADEI Address FARIA LIMA, 2 SAO JOSE DO CAMPOS SP | name RO 2170 | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 332.0 |
| Last 4 digits number Nonpriority of EMBRAER S.F. Creditor Name Creditor's Notice of Address FARIA LIMA, 2 SAO JOSE DO CAMPOS SP City | name RO 2170 | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 332.0 |
| Last 4 digits number Nonpriority of EMBRAER S.A. Creditor Name Creditor's Notice of AV. BRIGADEI Address FARIA LIMA, 2 SAO JOSE DO CAMPOS SP City BRAZIL Country | name RO 2170 | ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Disputed Basis for the claim: Trade Is the claim subject to offset? | S |
| Last 4 digits number Nonpriority of EMBRAER S.A. Creditor Name Creditor's Notice of AV. BRIGADEI Address FARIA LIMA, 2 SAO JOSE DO CAMPOS SP City BRAZIL Country | name RO State | ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Basis for the claim: Trade | 332. |

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| Creditor Name Creditor's Notice name □ Unliquidated □ Disputed Basis for the claim: Trade HOUSTON TX State TY219-1327 City Tx State Type Code Is the claim subject to offset? Various Last 4 digits of account number | - | | and mailing address | As of the petition filing date, the claim is: | \$ | 150.00 |
|--|---|-------------------------------------|------------------------|---|----|--------|
| Contingent Creditor's Notice name OF THE UNITED STATES Address PO BOX 131327 HOUSTON TX 77219-1327 City State Zip Code State Address No priority creditor's name and mailing address FAHRENHEIT REFRIGERATION INC Creditor's Notice name Creditor's Notice name Creditor's Notice name WICHITA KS 67213-3861 City State Zip Code Country Date or dates debt was incurred WICHITA KS 67213-3861 City State Zip Code Country Date or dates debt was incurred Unliquidated Creditor's Notice name State Address FAHRENHEIT REFRIGERATION INC Creditor's Notice name Unliquidated Disputed Basis for the claim: Trade Country Date or dates debt was incurred Not Stated Is the claim subject to offset? Is the claim subject to offset? Is the claim subject to offset? | | OCIATION NATIO | NAL GUARD | Check all that apply. | | |
| OF THE UNITED STATES Address PO BOX 131327 HOUSTON TX 77219-1327 City State ZIP Code No No Yes | oroanor riamo | | | ☐ Contingent | | |
| Disputed Basis for the claim: Trade PO BOX 131327 HOUSTON TX 77219-1327 City State ZIP Code State Trade Trade | | | | ☐ Unliquidated | | |
| Address Trade PO BOX 131327 | Creditor's Notice na | me | | ☐ Disputed | | |
| Address PO BOX 131327 HOUSTON | OF THE UNITED | O STATES | | Basis for the claim: | | |
| HOUSTON TX State 777219-1327 City State 777219-1327 Country Date or dates debt was incurred Various State 4 digits of account number Nonpriority creditor's name and mailing address FAHREHEIT REFRIGERATION INC Creditor Name State St | | | | Trade | | |
| Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address FAHRENHEIT REFRIGERATION INC Creditor Name Creditor's Notice name 1227 W MCCORMICK Address WICHITA KS 67213-3861 City State ZIP Code Date or dates debt was incurred Not Stated Is the claim subject to offset? No | PO BOX 131327 | 7 | | | _ | |
| Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address FAHRENHEIT REFRIGERATION INC Creditor Name Creditor's Notice name 1227 W MCCORMICK Address WICHITA KS 67213-3861 City State ZIP Code Date or dates debt was incurred Not Stated Is the claim subject to offset? No | HOUSTON | TY | 77210 1327 | | | |
| Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address FAHRENHEIT REFRIGERATION INC Creditor's Notice name Creditor's Notice name 1227 W MCCORMICK Address WIICHITA KS 67213-3861 City State Country Date or dates debt was incurred Not Stated Is the claim subject to offset? No No No No No No No No No N | | | - | | | |
| Various | Country | | | | | |
| Last 4 digits of account number Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 317.5 Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | Date or dates | debt was incurr | red | Is the claim subject to offset? | | |
| Nonpriority creditor's name and mailing address FAHRENHEIT REFRIGERATION INC Creditor Name Creditor's Notice name Tight MCCORMICK Address MICHITA KS 67213-3861 City State ZIP Code State Tight Code Is the claim subject to offset? No No No No State Stat | Various | | | ✓ No | | |
| As of the petition filing date, the claim is: \$ 317.5 Check all that apply. Creditor Name Creditor's Notice name Creditor's Notice name 1227 W MCCORMICK Address WICHITA KS 67213-3861 City State ZIP Code Country Date or dates debt was incurred Not Stated As of the petition filing date, the claim is: \$ 317.5 Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade State Is the claim subject to offset? | Last 4 digits of | of account | | □ Yes | | |
| Creditor Name Creditor's Notice name Creditor's Notice name 1227 W MCCORMICK Address WICHITA KS 67213-3861 City State ZIP Code Country Date or dates debt was incurred Not Stated Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Trade | | | | | | |
| Creditor Name Creditor's Notice name 1227 W MCCORMICK Address WICHITA KS 67213-3861 City State ZIP Code Country Date or dates debt was incurred Not Stated Contingent Unliquidated Basis for the claim: Trade Basis for the claim: Trade | number | | | | | |
| Creditor's Notice name Disputed | number Nonpriority cr | editor's name a | = | | \$ | 317.5 |
| Creditor's Notice name 1227 W MCCORMICK Address WICHITA KS 67213-3861 City State ZIP Code Country Date or dates debt was incurred Not Stated Disputed Basis for the claim: Trade Is the claim subject to offset? No | number Nonpriority cr FAHRENHEIT R | editor's name a | = | Check all that apply. | \$ | 317.5 |
| Disputed Basis for the claim: Trade WICHITA KS 67213-3861 City State ZIP Code Later or dates debt was incurred Not Stated Disputed Basis for the claim: Trade | number Nonpriority cr FAHRENHEIT R | editor's name a | = | Check all that apply. □ Contingent | \$ | 317.5 |
| Address WICHITA KS 67213-3861 City State ZIP Code Country Date or dates debt was incurred Not Stated Trade Is the claim subject to offset? No | Nonpriority cr FAHRENHEIT R Creditor Name | reditor's name a REFRIGERATION I | = | Check all that apply. □ Contingent | \$ | 317.5 |
| WICHITA KS 67213-3861 City State ZIP Code Country Date or dates debt was incurred Not Stated Is the claim subject to offset? ✓ No | Nonpriority cr FAHRENHEIT R Creditor Name | reditor's name a REFRIGERATION I | = | Check all that apply. Contingent Unliquidated Disputed | \$ | 317.5 |
| Country Date or dates debt was incurred Not Stated State ZIP Code Is the claim subject to offset? No | Nonpriority cr FAHRENHEIT R Creditor Name Creditor's Notice na 1227 W MCCOR | reditor's name a REFRIGERATION I | = | Check all that apply. Contingent Unliquidated Disputed | \$ | 317.5 |
| Country Date or dates debt was incurred Not Stated State ZIP Code Is the claim subject to offset? No | Nonpriority cr FAHRENHEIT R Creditor Name Creditor's Notice na 1227 W MCCOR | reditor's name a REFRIGERATION I | = | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 317.5 |
| Country Date or dates debt was incurred Not Stated Is the claim subject to offset? No | Nonpriority cr FAHRENHEIT R Creditor Name Creditor's Notice na 1227 W MCCOR Address | reditor's name a REFRIGERATION I | = | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 317.5 |
| Date or dates debt was incurred Is the claim subject to offset? Not Stated ✓ No | Nonpriority cr FAHRENHEIT R Creditor Name Creditor's Notice na 1227 W MCCOR Address | reditor's name a | 67213-3861 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 317.5 |
| Not Stated ☑ No | Nonpriority cr FAHRENHEIT R Creditor Name Creditor's Notice na 1227 W MCCOR Address WICHITA | reditor's name a | 67213-3861 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 317.5 |
| Tel Galled | Nonpriority cr FAHRENHEIT R Creditor Name Creditor's Notice na 1227 W MCCOR Address WICHITA City Country | REFRIGERATION I | 67213-3861 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 317.5 |
| L DOT A CHOICE OF COCCUME | Nonpriority cr FAHRENHEIT R Creditor Name Creditor's Notice nather than 1227 W MCCOR Address WICHITA City Country Date or dates | REFRIGERATION I | 67213-3861 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | \$ | 317.5 |

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| | | nd mailing address | As of the petition filing date, the claim is: \$ | 46,033.8 |
|--|------------------------------------|---------------------|--|----------|
| FIGEAC AERO Creditor Name | NORTH AMERICA | A INC | Check all that apply. | |
| Creditor Name | | | ☐ Contingent | |
| | | | ☐ Unliquidated | |
| Creditor's Notice na | ime | | ☐ Disputed | |
| 9313 E 39TH ST | ГΝ | | Basis for the claim: | |
| Address | | | Trade | |
| | | | | |
| WICHITA | KS | 67226 | | |
| City | State | ZIP Code | | |
| Country | | | Is the plaim publicat to offeet? | |
| | debt was incurr | red | Is the claim subject to offset? ☑ No | |
| Various | | | | |
| Last 4 digits of | of account | | □ Yes | |
| Last 4 digits on number | of account | | □ Yes | |
| number Nonpriority cr | editor's name a | and mailing address | As of the petition filing date, the claim is: \$ | 55,075.4 |
| number Nonpriority cr | | | As of the petition filing date, the claim is: \$ Check all that apply. | 55,075.4 |
| number Nonpriority cr FOUR STATE IN | editor's name a | | As of the petition filing date, the claim is: \$ | 55,075.4 |
| number Nonpriority cr FOUR STATE IN Creditor Name | reditor's name a | | As of the petition filing date, the claim is: \$ Check all that apply. | 55,075.4 |
| number Nonpriority cr FOUR STATE IN | reditor's name a | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent | 55,075.4 |
| number Nonpriority cr FOUR STATE IN Creditor Name | reditor's name a NDUSTRIAL SUPF | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated | 55,075.4 |
| Nonpriority cr FOUR STATE IN Creditor Name Creditor's Notice na | reditor's name a NDUSTRIAL SUPF | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 55,075.4 |
| Nonpriority cr FOUR STATE IN Creditor Name Creditor's Notice na | reditor's name a NDUSTRIAL SUPF | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 55,075.4 |
| Nonpriority cr FOUR STATE IN Creditor Name Creditor's Notice na | reditor's name a NDUSTRIAL SUPF | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 55,075.4 |
| Nonpriority cr FOUR STATE IN Creditor Name Creditor's Notice na 2403 COUNTY I | reditor's name a NDUSTRIAL SUPP | PLY | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 55,075.4 |
| Nonpriority cr FOUR STATE IN Creditor Name Creditor's Notice na 2403 COUNTY I Address CARTHAGE | reditor's name a NDUSTRIAL SUPP | 64836 | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 55,075.4 |
| Nonpriority cr FOUR STATE IN Creditor Name Creditor's Notice na 2403 COUNTY I Address CARTHAGE City Country | reditor's name a NDUSTRIAL SUPP | 64836 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 55,075.4 |
| Nonpriority cr FOUR STATE IN Creditor Name Creditor's Notice na 2403 COUNTY I Address CARTHAGE City Country | reditor's name a NDUSTRIAL SUPF | 64836 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 55,075.4 |

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| Nonpriority cree | | and mailing address | As of the petition filing date, the claim is: \$ | 11,097.0 |
|--|--|---------------------|--|----------|
| Creditor Name | ITED INC | | Check all that apply. | |
| | | | ☐ Contingent | |
| Creditor's Notice name | | | Unliquidated | |
| | | | ☐ Disputed | |
| 2410 NORTH A STANDARD | Γ | | Basis for the claim: | |
| Address | | | Trade | |
| WELLINGTON | KS | 67152 | | |
| City | State | ZIP Code | | |
| Country | | | | |
| Date or dates de | ebt was incurr | red | Is the claim subject to offset? ☑ No | |
| Various | | | | |
| Last 4 digits of | account | | ☐ Yes | |
| Last 4 digits of number | | | □ Yes | |
| number Nonpriority cree | ditor's name a | and mailing address | As of the petition filing date, the claim is: \$ | 544.6 |
| number | ditor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 544.€ |
| number Nonpriority cree GLOBAL MACHIN | ditor's name a | and mailing address | As of the petition filing date, the claim is: \$Check all that apply. | 544.6 |
| number Nonpriority cree GLOBAL MACHIN | ditor's name a E WORKS INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated | 544.6 |
| number Nonpriority cree GLOBAL MACHIN Creditor Name | ditor's name a E WORKS INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 544.6 |
| Nonpriority cree GLOBAL MACHIN Creditor Name Creditor's Notice name | ditor's name a E WORKS INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 544.6 |
| number Nonpriority cree GLOBAL MACHIN Creditor Name Creditor's Notice name | ditor's name a E WORKS INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 544.0 |
| Nonpriority cree GLOBAL MACHIN Creditor Name Creditor's Notice name | ditor's name a E WORKS INC | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 544.6 |
| Nonpriority cred GLOBAL MACHIN Creditor Name Creditor's Notice name 19130 59TH DRIV Address | ditor's name a | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 544.6 |
| Nonpriority cree GLOBAL MACHIN Creditor Name Creditor's Notice name 19130 59TH DRIV Address ARLINGTON City Country | ditor's name a E WORKS INC E N.E. WA State | 98223 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 544.6 |
| Nonpriority cree GLOBAL MACHIN Creditor Name Creditor's Notice name 19130 59TH DRIV Address ARLINGTON City Country Date or dates de | ditor's name a E WORKS INC E N.E. WA State | 98223 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 544.6 |
| Nonpriority cree GLOBAL MACHIN Creditor Name Creditor's Notice name 19130 59TH DRIV Address ARLINGTON City Country | ditor's name a E WORKS INC E N.E. WA State | 98223 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 544. |

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| Nonpriority cre | ditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ | 1,019.9 | | |
|--|----------------|------------------------|---|---------|--|--|
| GracoRoberts Creditor Name | | | Check all that apply. | | | |
| Creditor Name | | | ☐ Contingent | | | |
| | | | ☐ Unliquidated | | | |
| Creditor's Notice name | е | | ☐ Disputed | | | |
| 3200 AVENUE E EAST | | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| ARLINGTON | -TV | 70044 | | | | |
| ARLINGTON City | TX State | 76011 ZIP Code | | | | |
| Country | | | | | | |
| Date or dates d | ebt was incurr | ed | Is the claim subject to offset? | | | |
| Various | | | ✓ No | | | |
| ast 4 digits of account | | | | | | |
| | | | □ 163 | | | |
| number | | | | | | |
| number Nonpriority cre | | nd mailing address | As of the petition filing date, the claim is: \$ | 578.7 | | |
| number | | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 578. | | |
| number Nonpriority cree GRAINGER INC | | nd mailing address | As of the petition filing date, the claim is: \$Check all that apply. | 578.7 | | |
| number Nonpriority cree GRAINGER INC | ditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated | 578.7 | | |
| number Nonpriority cree GRAINGER INC Creditor Name Creditor's Notice name | ditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 578.7 | | |
| number Nonpriority cree GRAINGER INC Creditor Name | ditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 578.7 | | |
| Nonpriority cree GRAINGER INC Creditor Name Creditor's Notice name DEPT. 865169098 Address | ditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 578.7 | | |
| number Nonpriority cree GRAINGER INC Creditor Name Creditor's Notice name DEPT. 865169098 | ditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 578. | | |
| Nonpriority cree GRAINGER INC Creditor Name Creditor's Notice name DEPT. 865169098 Address | ditor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 578.7 | | |
| Nonpriority creditor Name Creditor's Notice name DEPT. 865169098 Address P.O. BOX 419267 | ditor's name a | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 578.7 | | |
| Nonpriority cree GRAINGER INC Creditor Name Creditor's Notice name DEPT. 865169098 Address P.O. BOX 419267 KANSAS CITY City Country | e MO State | 64141-6267 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 578. | | |
| Nonpriority cree GRAINGER INC Creditor Name Creditor's Notice name DEPT. 865169098 Address P.O. BOX 419267 KANSAS CITY City Country Date or dates december 1988 Creditor's Notice name DEPT. 865169098 Address | e MO State | 64141-6267 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 578.7 | | |
| Nonpriority cree GRAINGER INC Creditor Name Creditor's Notice name DEPT. 865169098 Address P.O. BOX 419267 KANSAS CITY City Country | ditor's name a | 64141-6267 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 578. | | |

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| Nonpriority of GT MIDWEST | creditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 4,466.2 |
|--|---|------------------------|--|----|---------|
| Creditor Name | | | □ Contingent | | |
| | | | Unliquidated | | |
| Creditor's Notice n | name | | ☐ Disputed | | |
| 2202 SOUTH V | WEST STREET | | Basis for the claim: | | |
| Address | | | Trade | - | |
| MICHITA | V.C. | 67040 | | | |
| WICHITA City | KS | ZIP Code | | | |
| Oity | | 2 0000 | | | |
| Country | | | | | |
| Date or dates | s debt was incurr | ed | Is the claim subject to offset? | | |
| Various | | | ☑ No | | |
| Last 4 digits of account | | | ☐ Yes | | |
| Last + digits | or account | | | | |
| number | | | | | |
| number Nonpriority of HALLS CULLIO | | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 69.3 |
| number Nonpriority | creditor's name a | | As of the petition filing date, the claim is: | \$ | 69.3 |
| number Nonpriority of HALLS CULLIO | creditor's name a | | As of the petition filing date, the claim is: Check all that apply. | \$ | 69.3 |
| number Nonpriority of HALLS CULLIO | creditor's name a GAN WATER COND | | As of the petition filing date, the claim is: Check all that apply. Contingent | \$ | 69.3 |
| Nonpriority of HALLS CULLIC Creditor Name | creditor's name a GAN WATER COND | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | 69.3 |
| Nonpriority of HALLS CULLIO Creditor Name | creditor's name a GAN WATER COND | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 69.3 |
| Nonpriority of HALLS CULLIC Creditor Name Creditor's Notice in PO BOX 2932 | creditor's name a GAN WATER COND | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 69.3 |
| Nonpriority of HALLS CULLIC Creditor Name Creditor's Notice in PO BOX 2932 | creditor's name a GAN WATER COND | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 69.3 |
| Nonpriority of HALLS CULLIC Creditor Name Creditor's Notice in PO BOX 2932 | creditor's name a GAN WATER COND | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 69.3 |
| Nonpriority of HALLS CULLIC Creditor Name Creditor's Notice of PO BOX 2932 Address | creditor's name a GAN WATER COND |) INC | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 69.3 |
| Nonpriority of HALLS CULLIC Creditor Name Creditor's Notice of PO BOX 2932 Address WICHITA | ereditor's name a GAN WATER COND name | 67201-2932 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 69.3 |
| Nonpriority of HALLS CULLIC Creditor Name Creditor's Notice of PO BOX 2932 Address WICHITA City Country | ereditor's name a GAN WATER COND name | 67201-2932 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | \$ | 69.3 |
| Nonpriority of HALLS CULLIC Creditor Name Creditor's Notice of PO BOX 2932 Address WICHITA City Country | creditor's name a GAN WATER COND name KS State | 67201-2932 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade | \$ | 69.3 |

number

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| HAWKINS SERVI | | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 772.6 |
|--|--------------------------|------------------------|--|---------|
| Creditor Name | OLO LLO | | □ Contingent | |
| | | | ☐ Unliquidated | |
| Creditor's Notice name | e | | | |
| | | | ☐ Disputed Basis for the claim: | |
| PO BOX 641 Address | | | Trade | |
| ddress | | | | |
| WELLINGTON | KS | 67152 | | |
| City | State | ZIP Code | | |
| Country | | | | |
| Date or dates d | ebt was incurr | ed | Is the claim subject to offset? ☑ No | |
| Various | | | | |
| Last 4 digits of number | account | | _ 103 | |
| | | | | |
| Nonpriority cre | | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 8,324.2 |
| Creditor Name | .02001 1140 | | □ Contingent | |
| | | | • | |
| | | | Unliquidated | |
| Creditor's Notice name | e | | Unliquidated | |
| | | | □ Disputed | |
| Creditor's Notice nam LOCKBOX 77174: Address | | | ☐ Disputed Basis for the claim: | |
| LOCKBOX 77174. Address | 2 | | □ Disputed | |
| LOCKBOX 77174 | 2 | | ☐ Disputed Basis for the claim: | |
| LOCKBOX 77174. Address | 2 S CENTER | 60677-1007 | ☐ Disputed Basis for the claim: | |
| Address 1742 SOLUTIONS | 2 S CENTER | 60677-1007 ZIP Code | ☐ Disputed Basis for the claim: | |
| LOCKBOX 77174. Address 1742 SOLUTIONS CHICAGO City Country | 2 S CENTER IL State | ZIP Code | □ Disputed Basis for the claim: Trade | |
| LOCKBOX 77174: Address 1742 SOLUTIONS CHICAGO City Country Date or dates d | 2 S CENTER IL State | ZIP Code | □ Disputed Basis for the claim: Trade Is the claim subject to offset? | |
| LOCKBOX 77174. Address 1742 SOLUTIONS CHICAGO City Country | S CENTER IL State | ZIP Code | □ Disputed Basis for the claim: Trade | |

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| Name | Aerospace Wellington Inc. | | Case number (if known): | | |
|--------------------------|---------------------------|--------------------|--|----|---------|
| | rity creditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 580.8 |
| Creditor Nan | | | | | |
| | | | ☐ Contingent | | |
| Creditor's No | otico namo | | Unliquidated | | |
| Creditor's NC | AICE HAITIE | | ☐ Disputed | | |
| 2118 E RC | OCKHURST ST | | Basis for the claim: | | |
| Address | Address | | Trade | - | |
| | | 0.000 | | | |
| SPRINGF | IELD MO State | 65802 ZIP Code | | | |
| City | | 211 0000 | | | |
| Country | | | | | |
| | lates debt was incurr | red | Is the claim subject to offset? | | |
| Not Stated | | | ☑ No ———————————————————————————————————— | | |
| Last 4 di | gits of account | | □ Yes | | |
| number | | | | | |
| Nonprior IMAGINET | rity creditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 4,618.0 |
| Creditor Nan | | | | | |
| | | | ☐ Contingent | | |
| Creditor's No | otice name | | Unliquidated | | |
| | | | ☐ Disputed | | |
| DEPT U | | | Basis for the claim: | | |
| Address | | | Trade | | |
| PO BOX 3 | 3577 | | | - | |
| | | | | | |
| SEATTLE | | 98124-3577 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or d | lates debt was incurr | red | Is the claim subject to offset? | | |
| | | | ☑ No | | |
| 3/3/2021 | | | | | |

number

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| tor: TECT Aeros | space Wellington Inc. | | Case number (if known): | 21-10673 | |
|-----------------------------|-----------------------|---------------------|---|----------|---------|
| Name | | | | | |
| | | and mailing address | As of the petition filing date, the claim is: | \$ | 4,352.7 |
| ISI ENVIRONI Creditor Name | MENTAL SERVICES | 8 | Check all that apply. | | |
| Oreditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice | name | | ☐ Disputed | | |
| FORMERLY: I | NTEGRATED SOLU | JTIONS INC | Basis for the claim: | | |
| Address | | | Trade | | |
| 215 S LAURA | | | | _ | |
| WICHITA | KS | 67211 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or date | s debt was incuri | red | Is the claim subject to offset? | | |
| Various | | | ✓ No | | |
| Last 4 digits | of account | | □ Yes | | |
| number | | | | | |
| | | and mailing address | As of the petition filing date, the claim is: | \$ | 6,499.9 |
| JOHNSON GA Creditor Name | AGE & INSPECTION | I INC | Check all that apply. | | |
| oroditor ridino | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice | name | | ☐ Disputed | | |
| 5920 W 21ST | ST N | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| | | | | | |
| WICHITA | KS | 67205 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or date | s debt was incuri | red | Is the claim subject to offset? | | |
| Various | | | ✓ No | | |
| Last 4 digits | of account | | □ Yes | | |

number

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 103 of 184 Debtor: TECT Aerospace Wellington Inc. Name As of the petition filing date, the claim is: \$

| | | nd mailing address | As of the petition filing date, the claim is: | \$ | 3,237.3 |
|---|------------------------------|--------------------|--|----|---------|
| KAESER COMPRE | SSORS, INC. | | Check all that apply. | | |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice name | | | □ Disputed | | |
| PO BOX 946 | | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| FREDERICKSBU | VA | 22404 | | | |
| RG City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates de | bt was incurre | ed | Is the claim subject to offset? | | |
| 1/27/2021 | | | ✓ No | | |
| Last 4 digits of account | | | | | |
| number | | u d mailin naddaaa | □ Yes | | 0.10.0 |
| number | litor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 246.20 |
| number Nonpriority cred KELLE TIRE SERV | litor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent | \$ | 246.20 |
| number Nonpriority cred KELLE TIRE SERV Creditor Name | litor's name ai | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 246.20 |
| number Nonpriority cred KELLE TIRE SERV | litor's name ai | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent | \$ | 246.20 |
| Nonpriority cred KELLE TIRE SERV Creditor Name Creditor's Notice name | litor's name ai | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | 246.20 |
| Nonpriority cred KELLE TIRE SERV Creditor Name Creditor's Notice name | litor's name ai | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 246.20 |
| Nonpriority cred KELLE TIRE SERV Creditor Name Creditor's Notice name PO BOX 276 Address | litor's name al | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 246.20 |
| Nonpriority cred KELLE TIRE SERV Creditor Name Creditor's Notice name PO BOX 276 Address BRAMAN | litor's name and AICE, LLC | 74632 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 246.20 |
| Nonpriority cred KELLE TIRE SERV Creditor Name Creditor's Notice name PO BOX 276 Address | litor's name al | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 246.20 |
| Nonpriority cred KELLE TIRE SERV Creditor Name Creditor's Notice name PO BOX 276 Address BRAMAN | litor's name and AICE, LLC | 74632 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 246.2 |
| Nonpriority cred KELLE TIRE SERV Creditor Name Creditor's Notice name PO BOX 276 Address BRAMAN City | litor's name and Allice, LLC | 74632 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | \$ | 246.2 |
| Nonpriority cred KELLE TIRE SERV Creditor Name Creditor's Notice name PO BOX 276 Address BRAMAN City Country | litor's name and Allice, LLC | 74632 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 246.2 |

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| or: TECT Aerospace Wellington Inc. | | Case number (if known): | 21-10673 | |
|--|-------------------|--|----------|----------|
| Name | | | | |
| Nonpriority creditor's name and | d mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 4,792.50 |
| KISER MANUFACTURING CO INC Creditor Name | | | | |
| | | ☐ Contingent | | |
| Creditor's Notice name | | Unliquidated | | |
| | | ☐ Disputed | | |
| PO BOX 315 Address | | Basis for the claim: | | |
| | | Trade | - | |
| ARGONIA KS | 67004 | | | |
| City State | ZIP Code | | | |
| Country | | | | |
| Date or dates debt was incurred | d | Is the claim subject to offset? | | |
| Various | | ☑ No | | |
| Last 4 digits of account | | □ Yes | | |
| number 2 Nonpriority creditor's name and LEADFOOT EXPRESS Creditor Name | d mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 5,016.18 |
| | | ☐ Contingent | | |
| Creditor's Notice name | | Unliquidated | | |
| | | ☐ Disputed | | |
| 1711 S HOOVER ROAD Address | | Basis for the claim: | | |
| | | Trade | _ | |
| WICHITA KS | 67200 | | | |
| WICHITA KS City State | ZIP Code | | | |
| Overtee | | | | |
| Country | | | | |
| • | d | Is the claim subject to offset? | | |
| Date or dates debt was incurred 4/2/2021 | d | Is the claim subject to offset? ☑ No | | |

number

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| LIFT PARTS SERVIO | PARTS SERVICE, LLC tor Name | | As of the petition filing date, the claim is: \$ | 7,402.9 |
|--------------------------|-----------------------------|--------------------|---|---------|
| | CE, LLC | | Check all that apply. | |
| | | | ☐ Contingent | |
| Creditor's Notice name | | | Unliquidated | |
| Creditor's Notice Harrie | | | ☐ Disputed | |
| 3458 S. HOOVER R | D. | | Basis for the claim: | |
| Address | | | Trade | |
| | | 67245 | | |
| City | KS State | 67215 ZIP Code | | |
| Country | | | | |
| Date or dates deb | t was incurr | ed | Is the claim subject to offset? | |
| Various | | | ✓ No | |
| Last 4 digits of ac | count | | □ Yes | |
| number | | | | |
| Nonpriority credit | | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 3,247.8 |
| Creditor Name | | | ☐ Contingent | |
| | | | ☐ Unliquidated | |
| Creditor's Notice name | | | · · · □ Disputed | |
| 3100 JIM CHRISTAL | ROAD | | Basis for the claim: | |
| Address | | | Trade | |
| | | | | |
| DENTON | TX | 76207 | | |
| City | State | ZIP Code | | |
| , | | | | |
| Country | | | | |
| | t was incurr | ed | Is the claim subject to offset? | |
| Country | | ed | Is the claim subject to offset? ✓ No ——— ——— ——— ———— | |

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| | | nd mailing address | As of the petition filing date, the claim is: \$ | 783.8 |
|--|-----------------|--------------------|--|-------------|
| Creditor Name | RR SUPPLY CO | | Check all that apply. | |
| | | | ☐ Contingent | |
| Creditor's Notice na | me | | Unliquidated | |
| | | | ☐ Disputed | |
| PO BOX 7690 | | | Basis for the claim: | |
| Address | | | Trade | |
| CHICAGO | IL | 60680-7690 | | |
| City | State | ZIP Code | | |
| Country | | | le the plain publicat to effect? | |
| Date or dates debt was incurred | | | Is the claim subject to offset? | |
| ., . | | | ☑ No | |
| Various | f account | | ✓ No | |
| Last 4 digits o | f account | | ☑ No ☐ Yes | |
| | f account | | | |
| Last 4 digits on number Nonpriority cr | editor's name a | nd mailing address | ☐ Yes As of the petition filing date, the claim is: \$ | Undetermin |
| Last 4 digits o | editor's name a | nd mailing address | ☐ Yes As of the petition filling date, the claim is: \$ Check all that apply. | Undetermin |
| Last 4 digits on number Nonpriority cru Mecadaq Tarnos | editor's name a | nd mailing address | ☐ Yes As of the petition filing date, the claim is: \$ Check all that apply. ☑ Contingent | Undetermin |
| Last 4 digits on number Nonpriority cru Mecadaq Tarnos | editor's name a | nd mailing address | □ Yes As of the petition filling date, the claim is: \$ Check all that apply. ☑ Contingent ☑ Unliquidated | Undetermin |
| Last 4 digits on number Nonpriority cr. Mecadaq Tarnos Creditor Name Creditor's Notice national controls of the control | editor's name a | | □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed | Undetermin |
| Last 4 digits on number Nonpriority cr. Mecadaq Tarnos Creditor Name Creditor's Notice nate. | editor's name a | | □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | Undetermin |
| Last 4 digits on number Nonpriority cra Mecadaq Tarnos Creditor Name Creditor's Notice nate Fleeson, Gooing Address | editor's name a | | □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed | Undetermin |
| Last 4 digits on number Nonpriority cr. Mecadaq Tarnos Creditor Name Creditor's Notice nate. | editor's name a | | □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | Undetermin |
| Last 4 digits on number Nonpriority cro Mecadaq Tarnos Creditor Name Creditor's Notice nate Fleeson, Gooing Address David G Seely | editor's name a | | □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | Undetermine |
| Last 4 digits on number Nonpriority cra Mecadaq Tarnos Creditor Name Creditor's Notice nate Fleeson, Gooing Address David G Seely 301 N Main, Suit | editor's name a | LLC | □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | Undetermin |
| Last 4 digits on number Nonpriority creditor Name Creditor Name Creditor's Notice nate of the Name | editor's name a | 67202 ZIP Code | □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: Litigation | Undetermin |
| Last 4 digits on number Nonpriority creditor Name Creditor Name Creditor's Notice nate of the Name | editor's name a | 67202 ZIP Code | □ Yes As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | Undetermin |

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| otor: IECI Aerosp | ace wellington inc. | | Case number (if known): | : 21-106/3 | |
|------------------------------|---------------------|--------------------|--|------------|----------|
| Name | | | | | |
| | | nd mailing address | As of the petition filing date, the claim is: | \$ | 4,528.0 |
| METAL FINISHII Creditor Name | NG CO INC | | Check all that apply. | | |
| | | | ☐ Contingent | | |
| | | | Unliquidated | | |
| Creditor's Notice na | me | | ☐ Disputed | | |
| 1423 S MCLEAN BLVD | | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| | | | | | |
| WICHITA | KS | 67213 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | debt was incurr | ed | Is the claim subject to offset? | | |
| Various | | | ✓ No | | |
| Last 4 digits o | of account | | □ Yes | | |
| | VEMENT COMPAN | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | Ψ | 2,625.00 |
| | | | ☐ Contingent | | |
| Creditor's Notice na | me | | Unliquidated | | |
| | | | ☐ Disputed | | |
| DEPT LA 21134 Address | | | Basis for the claim: | | |
| Address | | | Trade | - | |
| | | 0.1105 | | | |
| PASADENA | CA | 91185-1134 | | | |
| City | State | ZIP Code | | | |
| Country | | | le the plains out in affect? | | |
| | debt was incurr | red | Is the claim subject to offset? | | |
| 2/11/2021 | -f | | ✓ No | | |
| Last 4 digits o | π account | | ☐ Yes | | |
| number | | | | | |

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| Name | | | | |
|---------------------------------|------------------------|--------------------|--|----------|
| Nonpriority cre | ditor's name a | nd mailing address | As of the petition filing date, the claim is: \$ | 21,152.6 |
| METAL IMPROVE | MENT COMPAN | IY | Check all that apply. | |
| Creditor Name | | | ☐ Contingent | |
| | | | ☐ Unliquidated | |
| Creditor's Notice name | Creditor's Notice name | | ☐ Disputed | |
| DEPARTMENT 0926 Address | | | Basis for the claim: | |
| | | | Trade | |
| PO BOX 120001 | | | | |
| DALLAC | TV | 75240 0000 | | |
| DALLAS | _ TX State | 75312-0926 | | |
| City | State | ZIP Code | | |
| Country | | | | |
| Date or dates d | ebt was incurr | ed | Is the claim subject to offset? | |
| Various | | | ✓ No | |
| Last 4 digits of | account | | ☐ Yes | |
| number | | | | |
| | | nd mailing address | As of the petition filing date, the claim is: \$ | 8,643.9 |
| MIHLFELD & ASS Creditor Name | OCIATES INC | | Check all that apply. | |
| | | | ☐ Contingent | |
| | | | ☐ Unliquidated | |
| Creditor's Notice name | е | | ☐ Disputed | |
| PO BOX 11047 | | | Basis for the claim: | |
| Address | | | Trade | |
| | | | | |
| | | | | |
| SPRINGFIELD | MO | 65808-1047 | | |
| City | State | ZIP Code | | |
| Country | | | | |
| Date or dates d | ebt was incurr | ed | Is the claim subject to offset? | |
| Various | | | ☑ No | |
| | | | | |

number

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| or: TECT Aerospace Wellington Inc. Name | | | Case number (if known): | 21-10673 | |
|--|-----------------|--------------------|--|----------|----------|
| Nonpriority creditor's name and mailing address MIKE KILROY CORPORATION | | | As of the petition filing date, the claim is: Check all that apply. | \$ | 5,330.00 |
| Creditor Name Creditor's Notice name | | | □ Contingent | | |
| | | | ☐ Unliquidated | | |
| | | | | | |
| | | | ☐ Disputed Basis for the claim: | | |
| 10 WEST TRO | I MOOD BLVD | | Trade | | |
| | | | | | |
| TROTWOOD | ОН | 45426 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | debt was incur | ed | Is the claim subject to offset? | | |
| Various | | | ✓ No | | |
| Last 4 digits | of account | | □ Yes | | |
| number | | | | | |
| | | nd mailing address | As of the petition filing date, the claim is: | \$ | 18,702.1 |
| MILL CREEK L | UMBER OF KANS | AS | Check all that apply. | | |
| | | | ☐ Contingent | | |
| | | | Unliquidated | | |
| Creditor's Notice na | ame | | ☐ Disputed | | |
| ATTN: KELLY | | | Basis for the claim: | | |
| Address | | | Trade | | |
| 2000 E 37TH S | T NORTH SUITE 2 | 00 | | | |
| WICHITA | KS | 67219 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | debt was incur | ed | Is the claim subject to offset? | | |
| Various | | | ☑ No | | |
| Last 4 digits | of account | | □ Yes | | |

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| otor: TECT Aerospace Wellington Inc. | | | Case number (if known): 21-10673 | | | |
|---|-----------------|---------------------|---|----|-----------|--|
| Name | | | | | | |
| 3 Nonpriority creditor's name and mailing address | | | As of the petition filing date, the claim is: | \$ | 4,321.88 | |
| MOTION INDUSTRIES INC | | | Check all that apply. | | | |
| Creditor Name | Creditor Name | | ☐ Contingent | | | |
| Creditor's Notice name | | | ☐ Unliquidated | | | |
| | | | □ Disputed | | | |
| BOX 504606 | | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| | | | | _ | | |
| ST LOUIS | МО | 63150 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | | | | |
| Date or dates | debt was incurr | red | Is the claim subject to offset? | | | |
| Not Stated | | | ☑ No | | | |
| Last 4 digits of | of account | | □ Yes | | | |
| | | and mailing address | As of the petition filing date, the claim is: | \$ | 14,971.68 | |
| MOTION INDUS | STRIES INC | | Check all that apply. | | | |
| | | | ☐ Contingent | | | |
| | | | Unliquidated | | | |
| Creditor's Notice na | ame | | ☐ Disputed | | | |
| BOX 504606 | | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| | | | | _ | | |
| | | | | | | |
| ST LOUIS | MO | 63150 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | | | | |
| Date or dates | debt was incurr | red | Is the claim subject to offset? | | | |
| Various | | | ☑ No | | | |
| Last 4 digits of account | | | □ Yes | | | |

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| Nonpriority creditor's name and mailing address MSC INDUSTRIAL SUPPLY CO | | | As of the petition filing date, the claim is: \$ | 4,286.0 | | |
|--|---------------------------|--------------------|---|---------|--|--|
| MSC INDUSTRIAL SUPPLY CO Creditor Name | | | Check all that apply. | | | |
| Creditor's Notice name PO BOX 953635 | | | ☐ Contingent | | | |
| | | | Unliquidated | | | |
| | | | ☐ Disputed | | | |
| | | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| ST LOUIS | MO | 63195-3635 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | la the eleim outliest to effect? | | | |
| | debt was incurr | ed | Is the claim subject to offset? ☑ No | | | |
| Various Last 4 digits of | of account | | | | | |
| number | | | | | | |
| | | | | | | |
| Nonpriority cu | reditor's name a | nd mailing address | As of the netition filling date, the claim is: | 545 (| | |
| Nonpriority co | | nd mailing address | As of the petition filing date, the claim is: \$ | 545.0 | | |
| - | | nd mailing address | | 545.0 | | |
| MURDOCK CO. | | nd mailing address | Check all that apply. □ Contingent | 545.0 | | |
| MURDOCK CO. | | nd mailing address | Check all that apply. □ Contingent □ Unliquidated | 545.0 | | |
| MURDOCK CO. Creditor Name | | nd mailing address | Check all that apply. Contingent Unliquidated Disputed | 545.0 | | |
| MURDOCK CO. Creditor Name | | nd mailing address | Check all that apply. □ Contingent □ Unliquidated | 545.0 | | |
| MURDOCK CO. Creditor Name Creditor's Notice na | | nd mailing address | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 545.0 | | |
| MURDOCK CO. Creditor Name Creditor's Notice na Address | | nd mailing address | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 545.0 | | |
| MURDOCK CO. Creditor Name Creditor's Notice na Address PO BOX 2775 | ame | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 545.0 | | |
| MURDOCK CO. Creditor Name Creditor's Notice na Address PO BOX 2775 WICHITA | ime KS | 67201 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 545.0 | | |
| MURDOCK CO. Creditor Name Creditor's Notice na Address PO BOX 2775 WICHITA City Country | ime KS | 67201 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | 545.0 | | |
| MURDOCK CO. Creditor Name Creditor's Notice na Address PO BOX 2775 WICHITA City Country | KS State debt was incurr | 67201 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 545.0 | | |

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| Name Nonpriority creditor's name and mailing address NANCE MANUFACTURING INC | | | As of the petition filing date, the claim is: \$ Check all that apply. | 71,613.2 | | |
|---|------------------------|--------------------------------------|--|----------|--|--|
| Creditor Name Creditor's Notice name | | | □ Contingent | | | |
| | | | ☐ Unliquidated | | | |
| | | | | | | |
| | | | ☐ Disputed Basis for the claim: | | | |
| 2005 S. WEST ST Address | | | Trade | | | |
| | | | | | | |
| WICHITA | KS | 67213 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | Is the eleter subtract to affect 0 | | | |
| | debt was incuri | red | Is the claim subject to offset? ☑ No | | | |
| Various | | | | | | |
| Last 4 digits of account | | | II Yes | | | |
| | of account | | □ Yes | | | |
| number | of account | | □ Yes | | | |
| number Nonpriority cr | editor's name a | and mailing address | As of the petition filing date, the claim is: \$ | 1,740. | | |
| number | editor's name a | nd mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 1,740.4 | | |
| number Nonpriority cr NSL AEROSPAG | editor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent | 1,740.4 | | |
| number Nonpriority cr NSL AEROSPAG Creditor Name | reditor's name a CE | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 1,740.4 | | |
| number Nonpriority cr NSL AEROSPAG | reditor's name a CE | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 1,740.4 | | |
| Nonpriority cr NSL AEROSPAG Creditor Name Creditor's Notice na PO BOX 1267 | reditor's name a CE | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated | 1,740. | | |
| number Nonpriority cr NSL AEROSPAC Creditor Name Creditor's Notice na | reditor's name a CE | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed | 1,740.4 | | |
| Nonpriority cr NSL AEROSPAG Creditor Name Creditor's Notice na PO BOX 1267 Address | reditor's name a | | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 1,740. | | |
| Nonpriority cr NSL AEROSPAG Creditor Name Creditor's Notice na PO BOX 1267 | reditor's name a CE | and mailing address 77353 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 1,740.4 | | |
| Nonpriority cr NSL AEROSPA(Creditor Name Creditor's Notice na PO BOX 1267 Address MAGNOLIA | reditor's name a | 77353 | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 1,740.4 | | |
| Nonpriority cr NSL AEROSPAG Creditor Name Creditor's Notice na PO BOX 1267 Address MAGNOLIA City Country | reditor's name a | 77353 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 1,740 | | |
| Nonpriority cr NSL AEROSPAG Creditor Name Creditor's Notice na PO BOX 1267 Address MAGNOLIA City Country | reditor's name a | 77353 ZIP Code | As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 1,740.· | | |

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| tor: TECT Aerospace Wellington Inc. | | | Case number (if known). | 21-10673 | |
|---|-------------------|---------------------|--|----------|----------|
| Name | | | | | |
| 9 Nonpriority creditor's name and mailing address NWI KANSAS CITY LLC | | | As of the petition filing date, the claim is: Check all that apply. | \$ | 12,000.0 |
| Creditor Name | | | ☐ Contingent | | |
| | | | Unliquidated | | |
| Creditor's Notice na | ame | | □ Disputed | | |
| PO BOX 77672 | 22 | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| CHICAGO | | 00077 0700 | | | |
| CHICAGO | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | s debt was incur | red | Is the claim subject to offset? | | |
| 12/15/2019 | | | ☑ No | | |
| Last 4 digits | of account | | □ Yes | | |
| NON NONPriority C NWI WICHITA I | | and mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent | \$ | 13,394.5 |
| | | | ☐ Unliquidated | | |
| Creditor's Notice na | ame | | ☐ Disputed | | |
| PO BOX 77670 | 00 | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| | | | | | |
| CHICAGO | <u>IL</u> | 60677-6700 | | | |
| City | State | ZIP Code | | | |
| Country | | | le the plain publication office. | | |
| | s debt was incurr | red | Is the claim subject to offset? ☑ No | | |
| Various | of cooperat | | | | |
| Last 4 digits | or account | | □ Yes | | |

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| Nonpriority creditor's name and mailing address ORIZON AEROSTRUCTURES - PROCESSING, INC | | | As of the petition filing date, the claim is: \$ | 10,474.8 | | |
|--|--|---------------------|--|----------|--|--|
| ORIZON AEROSTRUCTURES - PROCESSING, INC Creditor Name | | | Check all that apply. | | | |
| Creditor's Notice name 2526 W. 21st ST. | | | ☐ Contingent | | | |
| | | | Unliquidated | | | |
| | | | ☐ Disputed | | | |
| | | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| CHANUTE | KS | 66720 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | Is the claim subject to offset? | | | |
| | debt was incurr | red | ✓ No | | | |
| Not Stated Last 4 digits of | of account | | | | | |
| | | | | | | |
| number | | | | | | |
| number Nonpriority cr | editor's name a | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 895.0 | | |
| number | editor's name a | and mailing address | Check all that apply. | 895.0 | | |
| number Nonpriority cr PACIFIC TOOL | editor's name a | and mailing address | Check all that apply. □ Contingent | 895.C | | |
| number Nonpriority cr PACIFIC TOOL | reditor's name a | and mailing address | Check all that apply. ☐ Contingent ☐ Unliquidated | 895.0 | | |
| number Nonpriority cr PACIFIC TOOL Creditor Name Creditor's Notice na | reditor's name a | and mailing address | Check all that apply. Contingent Unliquidated Disputed | 895.0 | | |
| number Nonpriority cr PACIFIC TOOL Creditor Name | reditor's name a | and mailing address | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 895.0 | | |
| Nonpriority cr PACIFIC TOOL Creditor Name Creditor's Notice na 15235 NE 92ND | reditor's name a | and mailing address | Check all that apply. Contingent Unliquidated Disputed | 895.0 | | |
| Nonpriority cr PACIFIC TOOL Creditor Name Creditor's Notice na 15235 NE 92ND | reditor's name a | and mailing address | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 895.0 | | |
| Nonpriority cr PACIFIC TOOL Creditor Name Creditor's Notice na 15235 NE 92ND Address | reditor's name a | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 895.C | | |
| Nonpriority cr PACIFIC TOOL Creditor Name Creditor's Notice na 15235 NE 92ND Address REDMOND City Country | me STREET WA State | 98052 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 895.0 | | |
| Nonpriority cr PACIFIC TOOL Creditor Name Creditor's Notice na 15235 NE 92ND Address REDMOND City Country Date or dates | me STREET WA | 98052 ZIP Code | Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 895.0 | | |
| Nonpriority cr PACIFIC TOOL Creditor Name Creditor's Notice na 15235 NE 92ND Address REDMOND City Country | reditor's name a INC me STREET WA State debt was incurr | 98052 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 895.0 | | |

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Debtor: TECT Aerospace Wellington Inc.

Name

Case number (if known): 21-1067.

As of the position data the plains in the control of the position of

| Name | | | - Case Harrison (i wismi). | |
|--|--|---------------------|---|-----------------|
| 83 Nonpriority creditor's name and mailing address PLASMA TECHNOLOGY INC | | | As of the petition filing date, the claim is: \$\ Check all that apply. | \$ 12,230.00 |
| Creditor Name | | | | |
| | | | ☐ Contingent | |
| Creditor's Noti | ice name | | Unliquidated | |
| | | | ☐ Disputed | |
| | ISHAW BLVD | | Basis for the claim: | |
| Address | | | Trade | |
| | | | | |
| TORRANC | E CA | 90501 | | |
| City | State | ZIP Code | | |
| Country | | | | |
| Date or da | ates debt was incuri | red | Is the claim subject to offset? | |
| Not Stated | | | | |
| Last 4 dig | its of account | | ☐ Yes | |
| number | | | | |
| - | ty creditor's name and nufacturing Corporation | and mailing address | As of the petition filing date, the claim is: \$\ Check all that apply. | \$ 20,538.98 |
| Creditor Name | | 1 | ☐ Contingent | |
| | | | - | |
| Creditor's Noti | ice name | | | |
| | | | ☐ Disputed | |
| 4330 W Ma | y St | | Basis for the claim: | |
| Addicoo | | | Raw Materials for Manufacturing of Aircraft Parts | |
| | | | | |
| Wichita | KS | 67209 | | |
| City | State | ZIP Code | | |
| Country | | | | |
| Date or dates debt was incurred | | | Is the claim subject to offset? | |
| Various | | | No | |
| Last 4 dig | its of account | | ✓ Yes | |
| number | | | | |

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| otor: TECT Aerospace Wellington Inc. | | | Case number (if known): 21-10673 | | | |
|---|-----------------|---------------------|---|----|----------|--|
| Name | | | | | | |
| 5 Nonpriority creditor's name and mailing address | | | As of the petition filing date, the claim is: | \$ | 1,655.1 | |
| PROPANE CENTRAL | | | Check all that apply. | | | |
| Creditor Name | | | ☐ Contingent | | | |
| Creditor's Notice name | | | ☐ Unliquidated | | | |
| | | | ☐ Disputed | | | |
| | | | Basis for the claim: | | | |
| Address | | | Trade | _ | | |
| | | | | | | |
| WINFIELD | KS | 67156 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | | | | |
| Date or dates | debt was incuri | red | Is the claim subject to offset? ☑ No | | | |
| Various | | | | | | |
| Last 4 digits o | f account | | □ Yes | | | |
| | | and mailing address | As of the petition filing date, the claim is: | \$ | 17,347.8 | |
| QUAL-FAB, INC Creditor Name | | | Check all that apply. | | | |
| | | | ☐ Contingent | | | |
| | | | Unliquidated | | | |
| Creditor's Notice na | me | | ☐ Disputed | | | |
| 1705 S. 93RD S | T. F-11 | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| | | | | - | | |
| | | | | | | |
| SEATTLE | WA | 98108 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | | | | |
| Date or dates debt was incurred | | | Is the claim subject to offset? | | | |
| Various Last 4 digits of account | | | ☑ No | | | |
| | | | ☐ Yes | | | |

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| INCHIE | | | | | |
|--|--------------------------------------|------------------------|---|----|----------|
| Nonpriority creditor's name and mailing address QUALITY STAMPING & MACHINING INC | | | As of the petition filing date, the claim is: Check all that apply. | \$ | 12,086.0 |
| Creditor's Notice name | | | | | |
| | | | ☐ Contingent | | |
| | | | Unliquidated | | |
| Oronio o rodio mante | | | ☐ Disputed | | |
| 1907 - 137TH A | AVE E | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| | | | | | |
| SUMNER | WA | 98390 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | s debt was incur | red | Is the claim subject to offset? | | |
| Various | | | | | |
| Last 4 digits of account | | | ☐ Yes | | |
| _ | | | | | |
| number | | | | | |
| number | | and mailing address | As of the petition filing date, the claim is: | \$ | 13,500.0 |
| number | creditor's name a DSPACE-HOT SPRI | | Check all that apply. | \$ | 13,500.0 |
| number Nonpriority of RADIUS AERO | | | Check all that apply. □ Contingent | \$ | 13,500.0 |
| number Nonpriority of RADIUS AERO | SPACE-HOT SPRI | | Check all that apply. ☐ Contingent ☐ Unliquidated | \$ | 13,500.0 |
| number Nonpriority of RADIUS AERO Creditor Name Creditor's Notice in | OSPACE-HOT SPRI | | Check all that apply. Contingent Unliquidated Disputed | \$ | 13,500.0 |
| number 8 Nonpriority of RADIUS AERO Creditor Name Creditor's Notice in P.O. BOX 6428 | OSPACE-HOT SPRI | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 13,500.0 |
| number Nonpriority of RADIUS AERO Creditor Name Creditor's Notice in | OSPACE-HOT SPRI | | Check all that apply. Contingent Unliquidated Disputed | \$ | 13,500.0 |
| number 8 Nonpriority of RADIUS AERO Creditor Name Creditor's Notice in P.O. BOX 6428 | OSPACE-HOT SPRI | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 13,500.0 |
| number 8 Nonpriority of RADIUS AERO Creditor Name Creditor's Notice in P.O. BOX 6428 | DSPACE-HOT SPRI | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 13,500.0 |
| number 8 Nonpriority of RADIUS AERO Creditor Name Creditor's Notice in P.O. BOX 6428 Address | DSPACE-HOT SPRI | NGS | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 13,500.0 |
| number Nonpriority of RADIUS AERO Creditor Name Creditor's Notice in P.O. BOX 6428 Address | DSPACE-HOT SPRI | NGS | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 13,500.0 |
| number 8 Nonpriority of RADIUS AERO Creditor Name Creditor's Notice in P.O. BOX 6428 Address PITTSBURGH City Country | DSPACE-HOT SPRI | 15264-2815 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | \$ | 13,500.0 |
| number 8 Nonpriority of RADIUS AERO Creditor Name Creditor's Notice in P.O. BOX 6428 Address PITTSBURGH City Country | SPACE-HOT SPRI | 15264-2815 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 13,500.0 |

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| Name | | | | | |
|--|----------------------------|---------------------|---|----|---------|
| Nonpriority creditor's name and mailing address RBC BEARINGS TORRINGTON PLANT | | | As of the petition filing date, the claim is: | \$ | 828.9 |
| Creditor Name Creditor's Notice name 9211 PAYSPHERE CIRCLE | | | Check all that apply. | | |
| | | | ☐ Contingent | | |
| | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the claim: | | |
| Address | | | Trade | - | |
| CHICAGO | IL | 60674 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates del | bt was incurr | red | Is the claim subject to offset? | | |
| 10/16/2019 | | | ✓ No | | |
| Last 4 digits of a | ccount | | □ Yes | | |
| | | | | | |
| | | and mailing address | As of the petition filing date, the claim is: | \$ | 6,221. |
| | | | Check all that apply. | \$ | 6,221.5 |
| Nonpriority credi | | | Check all that apply. □ Contingent | \$ | 6,221.5 |
| Nonpriority credi | | | Check all that apply. Contingent Unliquidated | \$ | 6,221. |
| Nonpriority credi REDLANDS OFFICE Creditor Name Creditor's Notice name | E SOLUTIONS | | Check all that apply. Contingent Unliquidated Disputed | \$ | 6,221.5 |
| Nonpriority credi REDLANDS OFFICE Creditor Name | E SOLUTIONS | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 6,221.5 |
| Nonpriority credi REDLANDS OFFICE Creditor Name Creditor's Notice name 1032 N. UNION STR | E SOLUTIONS | | Check all that apply. Contingent Unliquidated Disputed | \$ | 6,221. |
| Nonpriority credi REDLANDS OFFICE Creditor Name Creditor's Notice name 1032 N. UNION STE Address | E SOLUTIONS | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 6,221. |
| Nonpriority credi REDLANDS OFFICE Creditor Name Creditor's Notice name | E SOLUTIONS | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 6,221. |
| Nonpriority credi REDLANDS OFFICE Creditor Name Creditor's Notice name 1032 N. UNION STR Address PONCA CITY | E SOLUTIONS REET OK | 74601 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 6,221. |
| Nonpriority credi REDLANDS OFFICE Creditor Name Creditor's Notice name 1032 N. UNION STE Address PONCA CITY City | E SOLUTIONS REET OK State | 74601 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | \$ | 6,221. |
| Nonpriority credi REDLANDS OFFICE Creditor Name Creditor's Notice name 1032 N. UNION STR Address PONCA CITY City Country | E SOLUTIONS REET OK State | 74601 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 6,221. |

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| Name | | | | | | |
|---|-----------------|---------------------|---|-------|--|--|
| Nonpriority creditor's name and mailing address REGASA AEROSPACE, INC | | | As of the petition filing date, the claim is: \$ Check all that apply. | 50.5 | | |
| Creditor Name | | | □ Contingent | | | |
| Creditor's Notice name | | | ☐ Unliquidated | | | |
| | | | □ Disputed | | | |
| 4327 W. MAY ST. | | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| | | | | | | |
| WICHITA | KS | 67209 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | | | | |
| Date or dates | debt was incuri | red | Is the claim subject to offset? | | | |
| Not Stated | | | ☑ No | | | |
| Last 4 digits | of account | | □ Yes | | | |
| number | | | | | | |
| | | and mailing address | As of the petition filing date, the claim is: \$ | 151.1 | | |
| ROASTER JOE Creditor Name | :5, INC | | | | | |
| | | | ☐ Contingent | | | |
| Creditor's Notice na | | | Unliquidated | | | |
| Creditor's Notice in | ame | | ☐ Disputed | | | |
| 8225 W IRVING | 3 | | Basis for the claim: | | | |
| Address | | | Trade | | | |
| | | | | | | |
| WICHITA | KS | 67209 | | | | |
| City | State | ZIP Code | | | | |
| Country | | | | | | |
| Date or dates | debt was incuri | red | Is the claim subject to offset? | | | |
| 3/16/2021 | | | ☑ No | | | |
| | of account | | | | | |

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| Name | | | | | |
|--|-------------------|--------------------|--|----|----------|
| Nonpriority creditor's name and mailing address SAFETY PLUS FIRST AID & SAFETY INC | | | As of the petition filing date, the claim is: Check all that apply. | \$ | 427.7 |
| Creditor Name Creditor's Notice name | | | □ Contingent | | |
| | | | Unliquidated | | |
| | | | | | |
| | | | ☐ Disputed Basis for the claim: | | |
| PO BOX 1704 Address | 1 | | Trade | | |
| | | | | - | |
| WICHITA | KS | 67217 | | | |
| City | State | ZIP Code | | | |
| | | | | | |
| Country | | | Is the claim subject to offset? | | |
| | s debt was incurr | ed | ✓ No | | |
| Various Last 4 digits | of account | | | | |
| Nonpriority (SAFETY-KLEE | | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 27,048.0 |
| Creditor Name | | | □ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice | name | | ☐ Disputed | | |
| PO BOX 9752 | 01 | | Basis for the claim: | | |
| Address | UI . | | Trade | | |
| | | | | - | |
| DALLAS | TX | 75397-5201 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or date | s debt was incurr | red | Is the claim subject to offset? | | |
| Various | | | ✓ No | | |
| Various | | | | | |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 121 of 184 Debtor: TECT Aerospace Wellington Inc. Name Case number (if known): 21-1067

| Name | | | | | |
|--|--|--------------------|--|----|--------|
| Nonpriority cr | editor's name a | nd mailing address | As of the petition filing date, the claim is: | \$ | 25.1 |
| SARAH B MERO | CER | | Check all that apply. | | |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice na | ime | | · □ Disputed | | |
| DO BOV 072 | | | Basis for the claim: | | |
| PO BOX 973 Address | | | Trade | | |
| | | | | _ | |
| | | | | | |
| OXFORD | KS | 67119 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | debt was incurr | ed | Is the claim subject to offset? ☑ No | | |
| | | | | | |
| 3/18/2021 | _ | | | | |
| Last 4 digits on number | | nd mailing address | □ Yes | \$ | 331.0 |
| Last 4 digits on number | editor's name a | nd mailing address | | \$ | 331.0 |
| Last 4 digits on number Nonpriority or SECURITY ESS Creditor Name | reditor's name a SENTIALS LLC | nd mailing address | ☐ Yes As of the petition filing date, the claim is: Check all that apply. | \$ | 331.0 |
| Last 4 digits on number Nonpriority cr SECURITY ESS | reditor's name a SENTIALS LLC | nd mailing address | ☐ Yes As of the petition filing date, the claim is: Check all that apply. ☐ Contingent | \$ | 331.0 |
| Last 4 digits on number Nonpriority or SECURITY ESS Creditor Name Creditor's Notice na | reditor's name a SENTIALS LLC | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | 331.0 |
| Last 4 digits on number Nonpriority or SECURITY ESS Creditor Name Creditor's Notice na | reditor's name a SENTIALS LLC | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 331.01 |
| Last 4 digits on number Nonpriority or SECURITY ESS Creditor Name Creditor's Notice na | reditor's name a SENTIALS LLC | | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 331.0 |
| Last 4 digits on number Nonpriority or SECURITY ESS Creditor Name Creditor's Notice na | reditor's name a SENTIALS LLC | | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 331.00 |
| Last 4 digits on number Nonpriority or SECURITY ESS Creditor Name Creditor's Notice nated the second seco | reditor's name a SENTIALS LLC | | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 331.0 |
| Last 4 digits on number Nonpriority or SECURITY ESS Creditor Name Creditor's Notice nates and the second | reditor's name a SENTIALS LLC me NGTON ST., # 403 State | 44023 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 331.0 |
| Last 4 digits on number Nonpriority or SECURITY ESS Creditor Name Creditor's Notice nates to the second s | reditor's name a SENTIALS LLC me NGTON ST., # 403 | 44023 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | \$ | 331.0 |
| Last 4 digits on number Nonpriority or SECURITY ESS Creditor Name Creditor's Notice nates and the second | reditor's name a SENTIALS LLC IMPERIOR ST., # 403 State debt was incurr | 44023 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 331.0 |

Official Form 206E/F

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| | | and mailing address | As of the petition filing date, the claim is: \$ | 402.8 |
|---|-------------------------------|---------------------|--|----------------------|
| SERVICE STEE Creditor Name | L AEROSPACE C | ORP | Check all that apply. | |
| | | | ☐ Contingent | |
| Creditor's Notice na | mo | | Unliquidated | |
| Creditor's Notice ha | me | | ☐ Disputed | |
| | S AIRCRAFT MET | TALS | Basis for the claim: | |
| Address | | | Trade | |
| 14735 COLLEC | TIONS CENTER D | DRIVE | | |
| CHICAGO | IL | 60693 | | |
| City | State | ZIP Code | | |
| Country | | | <u></u> | |
| Date or dates | debt was incurr | red | Is the claim subject to offset? | |
| 2/8/2021 | | | ✓ No | |
| Last 4 digits o | of account | | □ Yes | |
| | | | | |
| number | aditor's name a | and mailing address | As of the notition filling date the plains in | 25.070 |
| Nonpriority cr | | and mailing address | As of the petition filing date, the claim is: \$ Check all that apply. | 25,076. |
| Nonpriority cr | editor's name a | | Check all that apply. | 25,076. |
| Nonpriority cr SHARPENING S | | | Check all that apply. □ Contingent | 25,076.1 |
| Nonpriority cr SHARPENING S | SPECIALISTS LLC | | Check all that apply. ☐ Contingent ☐ Unliquidated | 25,076. |
| Nonpriority cr SHARPENING S Creditor Name | SPECIALISTS LLC | | Check all that apply. □ Contingent | 25,076.1 |
| Nonpriority cr SHARPENING S Creditor Name | SPECIALISTS LLC | | Check all that apply. Contingent Unliquidated Disputed | 25,076.1 |
| Nonpriority cr SHARPENING S Creditor Name Creditor's Notice na PO BOX 13322 | SPECIALISTS LLC | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 25,076. |
| Nonpriority cr SHARPENING S Creditor Name Creditor's Notice na PO BOX 13322 | SPECIALISTS LLC | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 25,076. |
| Nonpriority cr SHARPENING S Creditor Name Creditor's Notice na PO BOX 13322 Address | me | | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | 25,076. ⁻ |
| Nonpriority cr SHARPENING S Creditor Name Creditor's Notice na PO BOX 13322 Address | me KS | 67213 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 25,076. |
| Nonpriority cr SHARPENING S Creditor Name Creditor's Notice na PO BOX 13322 Address WICHITA City Country | me KS | 67213 ZIP Code | Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | 25,076.1 |
| Nonpriority cr SHARPENING S Creditor Name Creditor's Notice na PO BOX 13322 Address WICHITA City Country | me KS State debt was incurr | 67213 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | 25,076. |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 123 of 184 ebtor: TECT Aerospace Wellington Inc. Case number (if known): 21-1067

| or: TECT Aerospace Weilin | igion inc. | | | Case number (if known): | 21-100/3 | |
|---|-------------|---------------|-------|---|----------|----------|
| Name | | | | | | |
| Nonpriority creditor's SHRED-IT USA INC | name and ma | lling address | | the petition filing date, the claim is: all that apply. | \$ | 354.5 |
| Creditor Name | | | | | | |
| | | | | ontingent | | |
| Creditor's Notice name | | | U | nliquidated | | |
| Ordanor o reduce marite | | | | isputed | | |
| 28883 NETWORK PLACE | | | Basis | for the claim: | | |
| Address | | | Trade | | - | |
| | | | | | | |
| CHICAGO IL | | 60673-1288 | | | | |
| City Stat | е | ZIP Code | | | | |
| Country | | | | | | |
| Date or dates debt wa | s incurred | | | claim subject to offset? | | |
| 2/15/2021 | | | ✓ N | 0 | | |
| Last 4 digits of accou | nt | | □ Y | es | | |
| Nonpriority creditor's SOUTH CENTRAL COMP Creditor Name | | = | | the petition filing date, the claim is: all that apply. | * | 12,993.9 |
| | | | □ C | ontingent | | |
| | | | U | nliquidated | | |
| Creditor's Notice name | | | □ D | isputed | | |
| 2627 W. Maxwell AVE | | | Basis | for the claim: | | |
| Address | | | Trade | | - | |
| | | | | | | |
| WICHITA KS | | 67217 | | | | |
| City Stat | e | ZIP Code | | | | |
| Country | | | | | | |
| Date or dates debt wa | s incurred | | | claim subject to offset? | | |
| Various | | | | | | |
| Last 4 digits of accou | nt | | □ Y | es | | |
| number | | | | | | |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 124 of 184 Debtor: TECT Aerospace Wellington Inc. Case number (if known): Name 3.101 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 67.22 SOUTH CENTRAL HYDRAULICS Check all that apply. Creditor Name ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: PO BOX 225 Address Trade WELLINGTON KS 67152 State ZIP Code City Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No 3/4/2021 Last 4 digits of account Yes number 3.102 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 14.65 SOUTHWEST BUSINESS PRODUCTS INC Check all that apply. Creditor Name ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed

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Debtor: TECT Aerospace Wellington Inc. Case number (if known): 21-1067

| Nonpriority o | UNITED IND INC | 3 | As of the petition filing date, the claim is: Check all that apply. | \$ | 19,483.0 |
|--|--|--------------------|--|----|-------------|
| Creditor Name | ONITED IND INC | | | | |
| | | | ☐ Contingent | | |
| Creditor's Notice n | name | | Unliquidated | | |
| | | | ☐ Disputed | | |
| SOUTHWEST Address | UNITED-29297 | | Basis for the claim: | | |
| | | | Trade | _ | |
| NETWORK PL | ACE | | | | |
| CHICAGO | IL | 60673-1292 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | s debt was incurr | ed | Is the claim subject to offset? | | |
| Not Stated | | | ✓ No | | |
| | | | | | |
| Last 4 digits number Nonpriority c | | nd mailing address | ☐ Yes As of the petition filling date, the claim is: | \$ | 2 231 021 6 |
| number Nonpriority c | | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 2,231,021.6 |
| number Nonpriority of SPEF Carriage | reditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent | \$ | 2,231,021.6 |
| number Nonpriority of SPEF Carriage | creditor's name a Assembly LLC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 2,231,021.6 |
| number Nonpriority c SPEF Carriage Creditor Name | creditor's name a Assembly LLC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 2,231,021.6 |
| Nonpriority of SPEF Carriage Creditor Name Creditor's Notice in Two Town Squ. | creditor's name a Assembly LLC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 2,231,021.6 |
| Nonpriority of SPEF Carriage Creditor Name | creditor's name a Assembly LLC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 2,231,021.6 |
| Nonpriority of SPEF Carriage Creditor Name Creditor's Notice in Two Town Squaddress | creditor's name a Assembly LLC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 2,231,021.6 |
| Nonpriority of SPEF Carriage Creditor Name Creditor's Notice in Two Town Squaddress | creditor's name a Assembly LLC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 2,231,021.6 |
| Nonpriority of SPEF Carriage Creditor Name Creditor's Notice in Two Town Squaddress Suite 310 | ereditor's name and Assembly LLC | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 2,231,021.6 |
| Nonpriority of SPEF Carriage Creditor Name Creditor's Notice in Two Town Squaddress Suite 310 Ashville | ereditor's name a Assembly LLC hame are Blvd. | 28809 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Deferred Lease Payments | \$ | 2,231,021.6 |
| Nonpriority of SPEF Carriage Creditor Name Creditor's Notice in Two Town Squaddress Suite 310 Ashville City Country | ereditor's name a Assembly LLC hame are Blvd. | 28809 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Deferred Lease Payments Is the claim subject to offset? | \$ | 2,231,021.6 |
| Nonpriority of SPEF Carriage Creditor Name Creditor's Notice in Two Town Squaddress Suite 310 Ashville City Country | ereditor's name a Assembly LLC name are Blvd. NC State State | 28809 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Deferred Lease Payments | \$ | 2,231,021.6 |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 126 of 184 Debtor: TECT Aerospace Wellington Inc. Name Case number (if known): 21-1067

| Name | | | | | |
|-------------------------|----------------|--------------------|--|----|---------------------------------------|
| | ditor's name a | nd mailing address | As of the petition filing date, the claim is: | \$ | 2,793.6 |
| SPHERA SOLUTION | | • | Check all that apply. | · | · · · · · · · · · · · · · · · · · · · |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice name |) | | | | |
| | | | ☐ Disputed | | |
| PO BOX 71886 Address | | | Basis for the claim: | | |
| Addiess | | | Trade | | |
| | | | | | |
| CHICAGO | <u>IL</u> | 60694-1886 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates de | ebt was incurr | ed | Is the claim subject to offset? | | |
| 2/25/2021 | | | ☑ No | | |
| Last 4 digits of a | account | | ☐ Yes | | |
| SS AIR EXPRESS | | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 9,240.0 |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice name |) | | □ Disputed | | |
| PO BOX 771297 | | | Basis for the claim: | | |
| Address | | | Trade | | |
| | | | | | |
| WICHITA | KS | 67277 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates de | ebt was incurr | ed | Is the claim subject to offset? | | |
| Various | | | ☑ No | | |
| Last 4 digits of a | account | | □ Yes | | |
| number | | | | | |

| Name | | | | | |
|--|---|---------------------|---|----|-------------|
| Nonpriority cre | ditor's name a | nd mailing address | As of the petition filing date, the claim is: | \$ | 560.0 |
| SUMNER COMM | UNICATIONS IN | С | Check all that apply. | | |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice nam | е | | | | |
| | | | ☐ Disputed | | |
| PO BOX 468 Address | | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| | | | | | |
| WELLINGTON | KS | 67152 | | | |
| City | State | ZIP Code | | | |
| Country | | | In the plains publicates offers | | |
| Date or dates d | ebt was incurr | red | Is the claim subject to offset? | | |
| 3/29/2021 | | | ☑ No | | |
| | | | | | |
| Last 4 digits of number | account | | □ Yes | | |
| number | ditor's name a | and mailing address | ☐ Yes As of the petition filing date, the claim is: Check all that apply. | \$ | 1,904,744. |
| number Nonpriority cre | ditor's name a | | As of the petition filing date, the claim is: Check all that apply. | \$ | 1,904,744. |
| number Nonpriority cre TECT Aerospace | ditor's name a | | As of the petition filing date, the claim is: Check all that apply. Contingent | \$ | 1,904,744. |
| Nonpriority cre TECT Aerospace Creditor Name | ditor's name a Hypervelocity Ind | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | 1,904,744. |
| Nonpriority cre TECT Aerospace Creditor Name Creditor's Notice nam | ditor's name a Hypervelocity Ind | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 1,904,744. |
| Nonpriority cre TECT Aerospace Creditor Name Creditor's Notice nam | ditor's name a Hypervelocity Ind | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,904,744.1 |
| Nonpriority cre TECT Aerospace Creditor Name Creditor's Notice nam | ditor's name a Hypervelocity Ind | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 1,904,744. |
| Nonpriority cre TECT Aerospace Creditor Name Creditor's Notice nam | ditor's name a Hypervelocity Ind | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,904,744. |
| number Nonpriority cre TECT Aerospace | ditor's name a Hypervelocity Ind | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,904,744. |
| Nonpriority cre TECT Aerospace Creditor Name Creditor's Notice name 5545 North Mill He | ditor's name a Hypervelocity Ind e e eights Dr. | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,904,744. |
| Nonpriority cre TECT Aerospace Creditor Name Creditor's Notice name 5545 North Mill Ho Address Park City City | ditor's name a Hypervelocity Ind e eights Dr. | 67219 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Intercompany Balances | \$ | 1,904,744. |
| Nonpriority cre TECT Aerospace Creditor Name Creditor's Notice nam 5545 North Mill He Address Park City | ditor's name a Hypervelocity Ind e eights Dr. KS State | 67219 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Intercompany Balances | \$ | 1,904,744. |
| Nonpriority cre TECT Aerospace Creditor Name Creditor's Notice nam 5545 North Mill He Address Park City City Country | ditor's name a Hypervelocity Ind e eights Dr. KS State | 67219 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Intercompany Balances | \$ | 1,904,744. |

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| tor: TECT Aeros | pace Wellington Inc. | | Case number (if known): | 21-1067 | 3 |
|---|----------------------|--------------------|--|---------|-------------|
| Name | | | | | |
| - | | nd mailing address | As of the petition filing date, the claim is: | \$ | 1,534,730.4 |
| TECT Aerospa | ce LLC | | Check all that apply. | | |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice n | name | | ☐ Disputed | | |
| 1515 75th Stree | et S W | | Basis for the claim: | | |
| Address | 0.0 | | Intercompany Balances | | |
| Suite 500 | | | | _ | |
| Everett | WA | 98203 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | s debt was incurr | ed | Is the claim subject to offset? | | |
| Not Stated | | | □ No | | |
| Last 4 digits | of account | | □ Yes | | |
| O Nonpriority of TECT Aerospa Creditor Name | | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 1.0 |
| | | | ŭ | | |
| Creditor's Notice n | name | | Unliquidated | | |
| | | | ☐ Disputed | | |
| 1515 75th Stree | et S.W. | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| Suite 500 | | | | | |
| Everett | WA | 98203 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| | s debt was incurr | ed | Is the claim subject to offset? | | |
| Not Stated | | | No | | |
| Last 4 digits | of account | | ✓ Yes | | |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 129 of 184 Debtor: TECT Aerospace Wellington Inc. Name As of the petition filing date, the claim is: \$

| Name Nonpriority c | reditor's name a | nd mailing address | As of the petition filing date, the claim is: | \$ | 2,093.6 |
|--|--|--------------------|--|----|---------|
| | ES & SERVICE CC |) | Check all that apply. | | |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice na | ame | | □ Disputed | | |
| PO BOX 71414 | ļ | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| CHICAGO | IL | 60694-1414 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | debt was incurr | red | Is the claim subject to offset? | | |
| 12/9/2020 | | | ✓ No | | |
| | | | | | |
| Last 4 digits on number | | nd mailing address | ☐ Yes As of the petition filing date, the claim is: | \$ | 8,308. |
| Last 4 digits on number | reditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 8,308. |
| Last 4 digits on number Nonpriority control Textron Aviation | reditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent | \$ | 8,308. |
| Last 4 digits on number Nonpriority control Textron Aviation | reditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | 8,308. |
| Last 4 digits on number Nonpriority c Textron Aviation Creditor Name Creditor's Notice no | reditor's name a n | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 8,308. |
| Last 4 digits on number Nonpriority c Textron Aviation Creditor Name | reditor's name a n | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 8,308.4 |
| Nonpriority c Textron Aviation Creditor Name Creditor's Notice n. | reditor's name a n | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 8,308. |
| Nonpriority c Textron Aviation Creditor Name Creditor's Notice n. | reditor's name a n | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 8,308. |
| Nonpriority c Textron Aviation Creditor Name Creditor's Notice notes that the control of the co | ereditor's name a | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 8,308. |
| Last 4 digits on number Nonpriority c Textron Aviation Creditor Name Creditor's Notice not 2 Cessna Blvd. Address Wichita | ereditor's name a | 67215 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Payments to Vendors | \$ | 8,308. |
| Last 4 digits on number Nonpriority c Textron Aviation Creditor Name Creditor's Notice not 2 Cessna Blvd. Address Wichita City Country Date or dates | ereditor's name a | 67215 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Payments to Vendors Is the claim subject to offset? | \$ | 8,308. |
| Last 4 digits on number Nonpriority c Textron Aviation Creditor Name Creditor's Notice not 2 Cessna Blvd. Address Wichita City Country | ereditor's name a n ame KS State State | 67215 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Payments to Vendors | \$ | 8,308. |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 130 of 184 Debtor: TECT Aerospace Wellington Inc. Case number (if known): 3.113 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 212,338.92 Check all that apply. **Textron Aviation** Creditor Name ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: 2 Cessna Blvd. Address Raw Materials for Manufacturing of Aircraft Wichita KS 67215 ZIP Code City Country Is the claim subject to offset? Date or dates debt was incurred □ No Various Last 4 digits of account ✓ Yes number 3.114 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 788.59 Check all that apply. THE YARD STORE Creditor Name □ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: A DIVISION OF BACHUS & SON INC Trade 725 E CENTRAL

Is the claim subject to offset?

✓ No

□ Yes

WICHITA

City

Country

2/2/2021

number

KS

Date or dates debt was incurred

Last 4 digits of account

State

67202

ZIP Code

Debtor: TECT Aerospace Wellington Inc.

| Tect Aerospace Wellington Inc. | Case number (if known): | 21-1067

| Name Nonpriority cre | ditor's name a | nd mailing address | As of the petition filing date, the claim is: | \$ | 1,007.5 |
|--|----------------|---------------------|---|----|----------|
| TLC LAWNCARE | | | Check all that apply. | | |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice name | е | | Disputed | | |
| 624 NORTH A | | | Basis for the claim: | | |
| Address | | | Trade | | |
| | | | | _ | |
| | | | | | |
| WELLINGTON | KS | 67152 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates d | ebt was incurr | ed | Is the claim subject to offset? | | |
| 0/00/0004 | | | ☑ No | | |
| 2/23/2021 | | | | | |
| Last 4 digits of | account | | □ Yes | | |
| Last 4 digits of number | | nd mailing address | □ Yes | ¢ | 42 212 0 |
| Last 4 digits of number Nonpriority cre | ditor's name a | nd mailing address | ☐ Yes As of the petition filing date, the claim is: | \$ | 43,312.9 |
| Last 4 digits of number | ditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 43,312.9 |
| Last 4 digits of number Nonpriority creators | ditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent | \$ | 43,312.9 |
| Last 4 digits of number Nonpriority creators | ditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | 43,312.9 |
| Last 4 digits of number Nonpriority cred TOTAL ELECTRIC Creditor Name | ditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 43,312.9 |
| Last 4 digits of number Nonpriority crea TOTAL ELECTRIC Creditor Name | ditor's name a | nd mailing address | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 43,312.9 |
| Last 4 digits of number Nonpriority cred TOTAL ELECTRIC Creditor Name Creditor's Notice name | ditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 43,312.9 |
| Last 4 digits of number Nonpriority cred TOTAL ELECTRIC Creditor Name Creditor's Notice name | ditor's name a | and mailing address | □ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim: | \$ | 43,312.9 |
| Last 4 digits of number Nonpriority crec TOTAL ELECTRIC Creditor Name Creditor's Notice name 1857 N MOSLEY Address | ditor's name a | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 43,312.9 |
| Last 4 digits of number Nonpriority cree TOTAL ELECTRIC Creditor Name Creditor's Notice name 1857 N MOSLEY Address | ditor's name a | 67214 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 43,312.9 |
| Last 4 digits of number Nonpriority cree TOTAL ELECTRIC Creditor Name Creditor's Notice name 1857 N MOSLEY Address WICHITA City | e KS State | 67214 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 43,312.9 |
| Last 4 digits of number Nonpriority cree TOTAL ELECTRIC Creditor Name Creditor's Notice name 1857 N MOSLEY Address WICHITA City Country | e KS State | 67214 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 43,312.9 |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 132 of 184 Debtor: TECT Aerospace Wellington Inc. Name Case number (if known): 21-1067. As of the position filing date the claim is: \$

| Nonpriority creditor's name and mail | ling address | As of the petition filing date, the claim is: | \$ | 1,599.3 |
|---|--------------|---|----|---------|
| TRAVERS TOOL CO INC Creditor Name | | Check all that apply. | | |
| Stedio I Name | | ☐ Contingent | | |
| | | ☐ Unliquidated | | |
| Creditor's Notice name | | □ Disputed | | |
| PO BOX 36114 | | Basis for the claim: | | |
| Address | | Trade | _ | |
| NEWARK NJ | 07188-6114 | | | |
| | ZIP Code | _ | | |
| Country | | _ | | |
| Date or dates debt was incurred | | Is the claim subject to offset? | | |
| Various | | ☑ No | | |
| | | | | |
| Last 4 digits of account number | ling address | ☐ Yes As of the petition filling date, the claim is: | ¢ | 1.470 |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES Creditor Name | ling address | As of the petition filing date, the claim is: Check all that apply. | \$ | 1,470. |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES | ling address | As of the petition filing date, the claim is: Check all that apply. Contingent | \$ | 1,470 |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES Creditor Name | ling address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | 1,470. |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES Creditor Name | ling address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 1,470 |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES Creditor Name Creditor's Notice name | ling address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,470. |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES Creditor Name Creditor's Notice name | ling address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 1,470 |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES Creditor Name Creditor's Notice name 9771 COMMERCE PARKWAY Address | ling address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,470. |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES Creditor Name Creditor's Notice name 9771 COMMERCE PARKWAY Address LENEXA KS | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,470. |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES Creditor Name Creditor's Notice name P771 COMMERCE PARKWAY Address LENEXA KS State | 66219 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 1,470. |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES Creditor Name Creditor's Notice name 9771 COMMERCE PARKWAY Address LENEXA KS City State Country | 66219 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | \$ | 1,470. |
| Last 4 digits of account number Nonpriority creditor's name and mail TREAT AMERICA FOOD SERVICES Creditor Name Creditor's Notice name 9771 COMMERCE PARKWAY Address LENEXA KS | 66219 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 1,470. |

Official Form 206E/F

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 133 of 184 Debtor: TECT Aerospace Wellington Inc. Name 3.119 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 193.15 TRICOR EMPLOYMENT SCREENING LTD Check all that apply. Creditor Name ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: 110 BLAZE INDUSTRIAL PARKWAY Address Trade SUITE C **BEREA** ОН 44017 State ZIP Code City Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No 3/1/2021 Last 4 digits of account Yes number 3.120 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 11,816.60 TRINITY PRECISION INC Check all that apply. Creditor Name ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed

Basis for the claim: 1935 WALKER STREET Address Trade **WICHITA** KS 67213 City State ZIP Code Country Is the claim subject to offset? Date or dates debt was incurred \checkmark 12/18/2020 □ Yes Last 4 digits of account

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 134 of 184 ebtor: TECT Aerospace Wellington Inc. Case number (if known): 21-1067

| or: TECT Aerosp | pace Wellington Inc. | | Case number (if known) | 21-10673 | |
|----------------------------|----------------------|---------------------|---|----------|----------|
| Name | | | | | |
| | | ind mailing address | As of the petition filing date, the claim is: | \$ | 66,001.5 |
| TW METALS IN Creditor Name | IC . | | Check all that apply. | | |
| | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice na | ame | | ☐ Disputed | | |
| PO BOX 933014 | 4 | | Basis for the claim: | | |
| Address | | | Trade | | |
| | | | | _ | |
| | | 0.4400 0044 | | | |
| ATLANTA | GA State | 31193-3014 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| | debt was incurr | red | Is the claim subject to offset? | | |
| Various | | | | | |
| Last 4 digits of | of account | | □ Yes | | |
| U.S. TOOL GRI | | ind mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 3,040.3 |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice na | ame | | □ Disputed | | |
| PO BOX 790120 | 0 | | Basis for the claim: | | |
| Address | | | Trade | | |
| B221 | | | | _ | |
| ST LOUIS | MO | 63179-0120 | | | |
| City | State | ZIP Code | | | |
| J.i.y | | 2 5530 | | | |
| Country | | | In the electron each 1 of 100 and 100 | | |
| Date or dates | debt was incurr | red | Is the claim subject to offset? | | |
| Various | | | ☑ No | | |
| Last 4 digits of | of account | | □ Yes | | |
| number | | | | | |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 135 of 184 Debtor: TECT Aerospace Wellington Inc. Case number (if known): Name

| ULINE | | | Check all that apply. | | |
|--|---|---|--|----|---------|
| Creditor Name | | | ☐ Contingent | | |
| | | | | | |
| Creditor's Notice na | ame | | Unliquidated | | |
| | | | ☐ Disputed | | |
| PO BOX 88741 | | | Basis for the claim: | | |
| Address | | | Trade | _ | |
| CHICAGO | <u>IL</u> | 60680-1741 | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates | debt was incurr | ed | Is the claim subject to offset? | | |
| Various | | | ✓ No | | |
| Last 4 digits | of account | | □ Yes | | |
| • | | | | | |
| number | | | | | |
| number Nonpriority c | reditor's name a | nd mailing address | As of the petition filing date, the claim is: | \$ | 5,218.9 |
| number Nonpriority c | reditor's name a | nd mailing address RSC EQUIPMENT RENTAL) | Check all that apply. | \$ | 5,218.9 |
| number Nonpriority C | reditor's name a | _ | | \$ | 5,218.9 |
| number Nonpriority c UNITED RENT/ Creditor Name | reditor's name a ALS (FORMERLY F | _ | Check all that apply. | \$ | 5,218.9 |
| number Nonpriority C | reditor's name a ALS (FORMERLY F | _ | Check all that apply. □ Contingent | \$ | 5,218.9 |
| number Nonpriority c UNITED RENT/ Creditor Name | reditor's name a ALS (FORMERLY F | _ | Check all that apply. Contingent Unliquidated | \$ | 5,218.9 |
| number Nonpriority c UNITED RENT/ Creditor Name Creditor's Notice na | reditor's name a ALS (FORMERLY F | _ | Check all that apply. Contingent Unliquidated Disputed | \$ | 5,218.9 |
| number Nonpriority c UNITED RENT/ Creditor Name Creditor's Notice na PO BOX 10071 | reditor's name a ALS (FORMERLY F | _ | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 5,218.9 |
| number Nonpriority c UNITED RENT/ Creditor Name Creditor's Notice na PO BOX 10071 | reditor's name a ALS (FORMERLY F | _ | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 5,218.6 |
| Nonpriority C UNITED RENT/ Creditor Name Creditor's Notice na PO BOX 10071 Address | reditor's name a ALS (FORMERLY F ame | RSC EQUIPMENT RENTAL) | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 5,218.9 |
| Number Nonpriority c UNITED RENT/ Creditor Name Creditor's Notice no PO BOX 10071 Address ATLANTA | reditor's name a ALS (FORMERLY F ame 1 | asc equipment rental) | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 5,218.9 |
| number Nonpriority c UNITED RENT/ Creditor Name Creditor's Notice na PO BOX 10071 Address ATLANTA City Country | reditor's name a ALS (FORMERLY F ame 1 | 30384-0711 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 5,218.9 |
| number Nonpriority c UNITED RENT/ Creditor Name Creditor's Notice na PO BOX 10071 Address ATLANTA City Country | reditor's name a ALS (FORMERLY F ame 1 GA State | 30384-0711 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 5,218.9 |

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| or: TECT Aerosp | | | Case number (if known): | 21-10673 | |
|---|-------------|--------------------|--|----------|------------|
| Name 25 Nonpriority creditor's name and mailing address | | | As of the petition filing date, the claim is: | \$ | 689,565.77 |
| UNIVERSAL ALLOY CORPORATION | | | Check all that apply. | Ψ | 000,000.7 |
| Creditor Name | | | ☐ Contingent | | |
| | | | ☐ Unliquidated | | |
| Creditor's Notice na | iame | | | | |
| | | | ☐ Disputed Basis for the claim: | | |
| PO BOX 732418 Address | | | Trade | | |
| | | | | _ | |
| | | | | | |
| DALLAS | TX | 75373-2418 | | | |
| City | State | ZIP Code | | | |
| Country | | | le the eleien authieut to effect 0 | | |
| Date or dates debt was incurred | | | Is the claim subject to offset? ☑ No | | |
| Various Last 4 digits of | | | | | |
| Nonpriority creditor's name and mailing address | | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 869,801.0 |
| Utica Realty Wellington LLC Creditor Name | | | | | |
| | | | ☐ Contingent☐ Unliquidated | | |
| Creditor's Notice na | name | | · | | |
| | | | | | |
| | | | ☐ Disputed | | |
| Two Town Squa | are Blvd. | | Basis for the claim: | | |
| Two Town Squa Address Suite 310 | are Blvd. | | • | _ | |
| Address | are Blvd. | | Basis for the claim: | _ | |
| Address | are Blvd. | 28809 | Basis for the claim: | _ | |
| Address Suite 310 | | 28809 ZIP Code | Basis for the claim: | _ | |
| Address Suite 310 Ashville City Country | NC State | ZIP Code | Basis for the claim: Deferred Lease Payments | _ | |
| Address Suite 310 Ashville City Country | NC NC | ZIP Code | Basis for the claim: | _ | |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 137 of 184 Debtor: TECT Aerospace Wellington Inc. Case number (if known): 3.

| Nonpriority cred | unoi o name a | nu maming address | As of the petition filing date, the claim is: | \$ | 16,877.3 |
|---|-------------------------------------|------------------------|--|----|---------------------------------------|
| VALENCE LYNWOOD | | | Check all that apply. | | · · · · · · · · · · · · · · · · · · · |
| Creditor Name | | | □ Contingent | | |
| | | | • | | |
| Creditor's Notice name P.O. BOX 740513 Address | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| | | | Basis for the claim: | | |
| | | | Trade | _ | |
| LOS ANGELES | CA | 90074-0513 | | | |
| | State | | | | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or dates de | ebt was incurr | ed | Is the claim subject to offset? | | |
| Various | | | ☑ No | | |
| Last 4 digits of account | | | □ Yes | | |
| Last 4 digits of | account | | □ Yes | | |
| _ | account | | ☐ Yes | | |
| Last 4 digits of number | account | | □ Yes | | |
| number | | nd mailing address | As of the petition filing date, the claim is: | \$ | 1,326. |
| number Nonpriority cree VALLEN DISTRIB | ditor's name a | nd mailing address | | \$ | 1,326. |
| number Nonpriority cree | ditor's name a | nd mailing address | As of the petition filing date, the claim is: | \$ | 1,326. |
| number Nonpriority cree VALLEN DISTRIB | ditor's name a | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 1,326. |
| number Nonpriority cree VALLEN DISTRIB | ditor's name a UTION, INC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated | \$ | 1,326. |
| number Nonpriority cree VALLEN DISTRIB Creditor Name Creditor's Notice name | ditor's name a UTION, INC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 1,326. |
| number Nonpriority cree VALLEN DISTRIB Creditor Name Creditor's Notice name | ditor's name a UTION, INC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,326. |
| number Nonpriority cree VALLEN DISTRIB Creditor Name Creditor's Notice name | ditor's name a UTION, INC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed | \$ | 1,326. |
| number Nonpriority cree VALLEN DISTRIB Creditor Name Creditor's Notice name | ditor's name a UTION, INC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,326. |
| number Nonpriority cree VALLEN DISTRIB Creditor Name Creditor's Notice name | ditor's name a UTION, INC | nd mailing address | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,326. |
| number Nonpriority cree VALLEN DISTRIB Creditor Name Creditor's Notice name PO BOX 848545 Address | ditor's name a UTION, INC | | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,326. |
| Nonpriority cree VALLEN DISTRIB Creditor Name Creditor's Notice name PO BOX 848545 Address DALLAS | ditor's name a UTION, INC | 75284-8545 | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,326. |
| Nonpriority cree VALLEN DISTRIB Creditor Name Creditor's Notice name PO BOX 848545 Address DALLAS City Country | ditor's name a UTION, INC | 75284-8545 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ | 1,326. |
| Nonpriority cree VALLEN DISTRIB Creditor Name Creditor's Notice name PO BOX 848545 Address DALLAS City Country Date or dates de | ditor's name a UTION, INC | 75284-8545 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ | 1,326. |
| Nonpriority cree VALLEN DISTRIB Creditor Name Creditor's Notice name PO BOX 848545 Address DALLAS City Country | ditor's name a UTION, INC TX State | 75284-8545 ZIP Code | As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Is the claim subject to offset? | \$ | 1,326. |

Official Form 206E/F

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 138 of 184 Debtor: TECT Aerospace Wellington Inc. Case number (if known): Name 3.129 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 8,777.00 VAUPELL Check all that apply. Creditor Name ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: P.O. BOX 94634 Address Trade **SEATTLE** WA 98124-6934 State ZIP Code City Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No 1/8/2021 Last 4 digits of account Yes number 3.130 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 14,723.51 VERITIV OPERATING COMPANY Check all that apply. Creditor Name ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: 7472 COLLECTIONS CENTER DRIVE Address Trade

Is the claim subject to offset?

 \checkmark

□ Yes

CHICAGO

State

Date or dates debt was incurred

Last 4 digits of account

City

Country

Various

number

60693

ZIP Code

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 139 of 184 Debtor: TECT Aerospace Wellington Inc. Name 3.131 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 357.00 VIA CHRISTI OCC MEDICINE Check all that apply. Creditor Name ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: PO BOX 2865 Address Trade **WICHITA** KS 67201-2865 State ZIP Code City Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No 3/2/2021 Last 4 digits of account Yes number 3.132 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 10,818.63 Check all that apply. voestalpine BOHLER Aerospace GmbH & Co KG Creditor Name □ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: voestalpine BOHLER Aerospace GmbH & Co KG Trade Mariazellerstrasse 25

Is the claim subject to offset?

 \checkmark

☐ Yes

PO Box 96

Kapfenberg

State

Date or dates debt was incurred

Last 4 digits of account

City

Austria Country

Not Stated

number

A 8605

ZIP Code

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 140 of 184 TECT Aerospace Wellington Inc. Case number (if known): 21-1067

| r: TECT Aerospace Wellington Inc. | Case number (if known): | 21-10673 |
|---|---|-------------|
| Name | | |
| Nonpriority creditor's name and mailing address WAXIE SANITARY SUPPLY | As of the petition filing date, the claim is: Check all that apply. | \$ 11,622.5 |
| Creditor Name | ☐ Contingent | |
| | ☐ Unliquidated | |
| Creditor's Notice name | | |
| | □ Disputed Basis for the claim: | |
| PO BOX 748802 Address | | |
| - Tourist | Trade | |
| | | |
| LOS ANGELES CA 90074-8802 | | |
| City State ZIP Code | | |
| Country | lo the claim outliest to effect? | |
| Date or dates debt was incurred | Is the claim subject to offset? ☑ No | |
| Various | | |
| Last 4 digits of account | □ Yes | |
| number | | |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC | As of the petition filing date, the claim is: Check all that apply. | \$34,997.0 |
| Nonpriority creditor's name and mailing address | | \$34,997.0 |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC Creditor Name | Check all that apply. | \$34,997.0 |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC | Check all that apply. □ Contingent | \$34,997.0 |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC Creditor Name Creditor's Notice name | Check all that apply. □ Contingent □ Unliquidated | \$34,997.0 |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC Creditor Name | Check all that apply. Contingent Unliquidated Disputed | \$ 34,997.0 |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC Creditor Name Creditor's Notice name LOCKBOX COLLECTIONS | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$34,997.0 |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC Creditor Name Creditor's Notice name LOCKBOX COLLECTIONS Address PO BOX 6387 | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ 34,997.0 |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC Creditor Name Creditor's Notice name LOCKBOX COLLECTIONS Address | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$34,997.0 |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC Creditor Name Creditor's Notice name LOCKBOX COLLECTIONS Address PO BOX 6387 CAROL STREAM City State 60197-6387 ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ 34,997.0 |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC Creditor Name Creditor's Notice name LOCKBOX COLLECTIONS Address PO BOX 6387 CAROL STREAM IL 60197-6387 City State ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade | \$ 34,997.0 |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC Creditor Name Creditor's Notice name LOCKBOX COLLECTIONS Address PO BOX 6387 CAROL STREAM IL 60197-6387 City State ZIP Code Country Date or dates debt was incurred | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: | \$ |
| Nonpriority creditor's name and mailing address WEATHERFORD AEROSPACE INC Creditor Name Creditor's Notice name LOCKBOX COLLECTIONS Address PO BOX 6387 CAROL STREAM IL 60197-6387 City State ZIP Code | Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Is the claim subject to offset? | \$ |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 141 of 184

| Name | Case number (if known): 21-10673 |
|--|--|
| | |
| Nonpriority creditor's name and mailing add WEBER METALS INC | As of the petition filing date, the claim is: \$ 51,615.0 Check all that apply. |
| Creditor Name | □ Contingent |
| | |
| Creditor's Notice name | Unliquidated |
| | ☐ Disputed |
| FILE 1258 | Basis for the claim: |
| Address | Trade |
| 1801 W OLYMPIC BLVD | |
| LOS ANGELES CA 90006 | |
| City State ZIP Code | |
| Country | |
| Date or dates debt was incurred | Is the claim subject to offset? |
| Various | ☑ No |
| Last 4 digits of account | □ Yes |
| Nonpriority creditor's name and mailing add Wells Fargo Equipment Finance | As of the petition filing date, the claim is: \$ 753.1 Check all that apply. |
| Creditor Name | |
| Creditor Name | □ Contingent |
| | ☐ Contingent ☐ Unliquidated |
| | • |
| Creditor's Notice name | Unliquidated |
| Creditor's Notice name Customer Care | □ Unliquidated □ Disputed |
| Creditor's Notice name Customer Care Address | ☐ Unliquidated ☐ Disputed Basis for the claim: |
| Creditor's Notice name Customer Care Address | ☐ Unliquidated ☐ Disputed Basis for the claim: |
| Creditor's Notice name Customer Care Address PO BOX 3072 | ☐ Unliquidated ☐ Disputed Basis for the claim: |
| Creditor's Notice name Customer Care Address PO BOX 3072 Cedar Rapids IA 52506 | ☐ Unliquidated ☐ Disputed Basis for the claim: |
| Creditor's Notice name Customer Care Address PO BOX 3072 Cedar Rapids IA State 52506 ZIP Code | ☐ Unliquidated ☐ Disputed Basis for the claim: |
| Creditor's Notice name Customer Care Address PO BOX 3072 Cedar Rapids City IA 52506 ZIP Code Country | Unliquidated Disputed Basis for the claim: Equipment Leases |
| Address PO BOX 3072 IA 52506 City State ZIP Code Country Date or dates debt was incurred | Unliquidated Disputed Basis for the claim: Equipment Leases Is the claim subject to offset? |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 142 of 184 Debtor: TECT Aerospace Wellington Inc. Name 3.137 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 4,888.70 WELLS FARGO VENDOR FINANCIAL SERVICES, LLC Check all that apply. ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: PO BOX 35701 Address **Equipment Leases BILLINGS** MT 59107 State ZIP Code City Country Is the claim subject to offset? Date or dates debt was incurred \checkmark No Various Last 4 digits of account Yes number 3.138 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 9,250.00 Check all that apply. WESCO AIRCRAFT Creditor Name ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: P.O. BOX 734341 Trade

Is the claim subject to offset?

 \checkmark

□ Yes

Official Form 206E/F

number

DALLAS

Country

Various

City

ΤX

Date or dates debt was incurred

Last 4 digits of account

State

75373-4341

ZIP Code

Filed 05/03/21 Case 21-10670-KBO Doc 100 Page 143 of 184 Debtor: TECT Aerospace Wellington Inc. Case number (if known): 3.139 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 995,727.22 WM F HURST CO LLC Check all that apply. Creditor Name ☐ Contingent □ Unliquidated Creditor's Notice name □ Disputed Basis for the claim: 2121 SOUTHWEST BLVD Address Trade WICHITA KS 67213 State ZIP Code City

✓ No

□ Yes

Is the claim subject to offset?

number

Various

Country

Date or dates debt was incurred

Last 4 digits of account

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 add | ress | | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|----------------------|-------|----------|--|---|
| | | | Line | |
| Name | | | ☐ Not Listed.Explain | |
| Notice Name | | | | |
| Street | | | | |
| | | | | |
| | | | | |
| City | State | ZIP Code | | |
| Country | | | | |

| 5. Add the amounts of priority and nonpriority unsecured claims. | | | |
|--|--------------|----------|---------------|
| | | Total of | claim amounts |
| 5a. Total claims from Part 1 | 5a. | \$ | 1,640,219.84 |
| 5b. Total claims from Part 2 | 5b. + | \$ | 13,880,560.79 |

5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.

| Fill in this information to identify the case: | | | | |
|--|--|--|--|--|
| Debtor Name: In re : TECT Aerospace Wellington Inc. | | | | |
| United States Bankruptcy Court for the: District of Delaware | | | | |
| Case number (if known): 21-10673 (KBO) | | | | |

☐ 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?
 - \square 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 le | eases | State the name and n whom the debtor has lease | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease | | |
|----|---|-----------------------------------|--|--|----------|--|
| | 2.1 State what the contract or lease is for and the nature | Various Standalone Buy Agreements | ABSOLUTE DIMENSIO | ABSOLUTE DIMENSIONS LLC | | |
| | of the debtor's interest | various standard Bay Agreements | Name | | | |
| | | | Notice Name | | | |
| | | | 3838 W MAY STREET | | | |
| | State the term remaining | N/A | Address | | | |
| | List the contract number of | | | | | |
| | any government contract | | | | | |
| | | | WICHITA | KS | 67213 | |
| | | | | | | |
| | | | City | State | ZIP Code | |
| | | | Country | | | |
| | 2.2 State what the contract or lease is for and the nature of the debtor's interest | | ACB SAS | | | |
| | | Various Standalone Buy Agreements | Name | | | |
| | | | Notice Name | | | |
| | | | 27 RUE DU RANZAI | | | |
| | State the term remaining | N/A | Address | | | |
| | State the term remaining | | | | | |
| | List the contract number of | | | | | |
| | any government contract | | | | | |
| | | | NANTES FRANCE | | 44300 | |
| | | | City | State | ZIP Code | |
| | | | FRANCE | | | |
| | | | Country | | | |

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| 2. | List all contracts and unexpire | ed leases | State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease |
|-----|---|---|--|
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | ACE CLEARWATER ENT 19815 MAGELLAN DRIVE TORRANCE, CA 90502 |
| | State the term remaining List the contract number of any government contract | N/A | |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement; No. 3PLPA-65BB4-3131 (Kent) | ADEPT FASTENERS 28709 W. INDUSTRY DRIVE VALENCIA, CA 91355 |
| | State the term remaining List the contract number of any government contract | 12/31/2024 | |
| 2.5 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement; No. MBS-EA-2015- 9847 | ADEPT FASTENERS 28709 W. INDUSTRY DRIVE VALENCIA, CA 91355 |
| | State the term remaining List the contract number of any government contract | N/A | |
| 2.6 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | ADEPT FASTENERS 28709 W. INDUSTRY DRIVE VALENCIA, CA 91355 |
| | State the term remaining List the contract number of any government contract | N/A | |
| 2.7 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | AEROSPACE TESTING & PYROMETRY, INC 4371 SARATOGA DR BETHLEHEM, PA 18020 |
| | State the term remaining List the contract number of any government contract | N/A | |
| 2.8 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | AIR CAPITAL EQUIPMENT 806 E BOSTON ST WICHITA, KS 67211 |
| | State the term remaining List the contract number of any government contract | N/A | |

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| Deptor Name: TECT Aerospace Wellington Inc. | | 5 | Case Number: 21-10673 |
|---|---|-----------------------------------|--|
| 2. | List all contracts and unexpire | d leases | State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease |
| 2.9 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | AIRGAS - MID SOUTH INC PO BOX 734671 DALLAS, TX 75373-4671 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.10 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | AKA CALIBRATIONS LLC 1202 S. HUMMINGBIRD PL. SKAITOOK, OK 74070 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.11 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement | ALATUS AEROSPACE 9301 MASON AVE CHATZWORTH, CA 91311-5202 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.12 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement | ALBERTSON & HEIN, INC. 3617 WALKER WICHITA, KS 67213 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.13 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement | ALLMETAL RECYCLING 243 LANE AVE S JACKSONVILLE, FL 32254 |
| | State the term remaining | 1/31/2022 | |
| | List the contract number of any government contract | | |
| 2.14 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | ALLPOWER MANUFACTURING COMPANY 13141 MOLETTE STREET SANTA FE, CA 90670 |

State the term remaining

N/A

any government contract

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| _ | List all sentuants and unavaired leases | State the name |
|----|---|----------------|
| ۷. | List all contracts and unexpired leases | whom the debte |

and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease

| | | | whom the debtor has an executory contract of unexpired lease |
|------|---|---|---|
| 2.15 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | AM CASTLE & CO 1625 TULLIE LEWIS DR STOCKTON, CA 95206 |
| | State the term remaining | N/A | |
| | List the contract number of | IVA | |
| | any government contract | | |
| 2.16 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | AMI METALS INC 1738 GENERAL GEORGE PATTON DRIVE BRENTWOOD, TN 37027 |
| | State the term remaining | N/A | |
| | List the contract number of | | |
| | any government contract | | |
| 2.17 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 5001601351 | AMT SENIOR AEROSPACE 20100 71ST AVE NE ARLINGTON, WA 98223 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.18 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | ARCONIC MILL PRODUCTS 1480 MANHEIM PIKE LANCASTER, PA 17601 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.19 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | ARLINGTON INTERNATIONAL 7321 COMMERCIAL BLVD. E. ARLINGTON, TX 76001-7140 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.20 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Sale Agreement; No. 372925 | ATLAS (PMC) 4425 W MAY WICHITA,, KS 64052 |
| | State the term remaining | 12/31/2025 | |
| | List the contract number of any government contract | 120112020 | |
| | | | |

State the name and mailing address for all other parties with List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease

| | | | whom the debtor has an executory contract of unexpired lease |
|------|---|---------------------------------------|---|
| 2.21 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | BAVIUS TECHNOLOGIE GMBH EISENBAHNSTRAßE 17 BAIENFURT, 88255 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.22 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Sale Agreements | BLUE AEROSPACE 6211 NOB HILL RD TAMARAC, FL 33321 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.23 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | BODYCOTE WEST 1009 W. STREET WICHITA, KS 67213 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.24 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | BOEING C/O TMX DIVISION 20425 72ND AVE. SOUTH 6811 S. 204TH ST KENT, WA 98032 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.25 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 344195 | BOEING CANADA WINNIPEG IAN LAST 99 MURRAY PARK RD WINNIPEG, MB R3J 3M6 CANADA |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.26 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | BOEING DISTRIBUTION SERVICES INC. 10000 NW 15TH TERRACE MIAMI, FL 33172 |
| | State the term remaining List the contract number of any government contract | N/A | |

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State the name and mailing address for all other parties with List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease

| | · | | whom the debtor has an executory contract of unexpired lease |
|------|---|------------------------------------|--|
| 2.27 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Sale Agreements | BOMBARDIER AEROSPACE 800 RENE-LEVESQUE WEST BOULEVARD SUITE 2900 MONTREAL, QC H3B 1Y8 CANADA |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.28 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CAPPS MANUFACTURING INC 2121 S EDWARDS WICHITA, KS 67213 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.29 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Sale Agreements | CARLETON LIFE SUPPORT SYSTEMS 2734 HICKORY GROVE RD DAVENPORT, IA 52804 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.30 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CATES SUPPLY INC 511 INDUSTRIAL BLVD WINFIELD, KS 67156 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | IVA | |
| 2.31 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CENTRAL ELECTRIC, LLC 10015 SULLIVAN RD BATON ROUGE, LA 70818 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.32 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CHROMALOX INC - CARLCO 103 GAMMA DRIVE 2 PITTSBURGH, PA 15238 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | ••• | |
| | | | |

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease

| 2.33 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CHROME PLUS INTERNATIONAL 3939 W 29TH ST S WICHITA, KS 67217-1009 |
|------|---|--|---|
| | Otata tha tanna namainin n | | |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.34 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CIRRUS AIRCRAFT 4515 TAYLOR CIR DULUTH, MN 55811 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.35 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CITY WIDE OF WICHITA 239 N OHIO AVE WICHITA, KS 67214 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.36 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | COX MACHINE INC 5338 W. 21ST STREET N WICHITA, KS 67205 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | IVA | |
| 2.37 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement; No. 344427 | COX MACHINE INC. 5338 W. 21ST STREET N WICHITA, KS 67205 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | N/A | |
| 2.38 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 340126 | CPI AEROSTRUCTURES, INC 91 HEARTLAND BLVD BRENTWOOD, NY 11717 |
| | State the term | | |
| | State the term remaining List the contract number of any government contract | 4/12/2023 | |
| | | | |

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State the name and mailing address for all other parties with List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease

| | | | whom the debtor has an executory contract of unexpired lease |
|------|---|--|--|
| 2.39 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CPP-PORT HUENEME 705 INDUSTRIAL PORT HUENEME, CA 93041 |
| | State the term remaining | N/A | |
| | List the contract number of | IV/A | |
| | any government contract | | |
| 2.40 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CRATE TECH INC 2675 ROUSE RD KINSTON, NC 28504 |
| | State the term remaining | N/A | |
| | List the contract number of | | |
| | any government contract | | |
| 2.41 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 340766 | CRESTVIEW AEROSPACE, LLC 5486 FAIRCHILD RD CRESTVIEW, FL 32539 |
| | State the term remaining | 3/5/2023 | |
| | List the contract number of any government contract | | |
| 2.42 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CUTTING TECHNOLOGY INC 1501 20TH ST. NW AUBURN, WA 98001 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.43 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | CYGNUS, INC 122 EMERALD INDUSTRIAL PARK RD PONDERAY, ID 83852 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.44 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement; No. 342312 | CYRIL BATH COMPANY 1610 AIRPORT ROAD MONROE, NC 28110 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | IVA | |
| | | | |

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease

| 2.45 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | DIVERSIFIED SERVICES INC 27 CLARK AVE. INDUSTRIAL PARK #2 WELLINGTON, KS 67152 |
|------|---|---------------------------------------|---|
| | State the term remaining | N/A | |
| | List the contract number of | IVA | |
| | any government contract | | |
| 2.46 | State what the contract or lease is for and the nature of the debtor's interest | Tax and Audit Services | DIXON HUGHES GOODMAN, LLC 11 BRENDAN WAY, SUITE 200 GREENVILLE, SC 29615 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.47 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | DOS DIGITAL OFFICE SYSTEMS 530 S HYDRAULIC AVE WICHITA, KS 67211 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.48 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 342931 | DYNOMAX 1535 ABBOTT DR WHEELING, IL 60090 |
| | State the term remaining | 12/10/2025 | |
| | List the contract number of any government contract | 12 10/2020 | |
| 2.49 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 344191 | DYNOMAX 1535 ABBOTT DRIVE WHEELING, IL 60090 |
| | State the term remaining | 11/1/2025 | |
| | List the contract number of any government contract | | |
| 2.50 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | ELECTRONIC IMAGING MATERIALS INC 20 FORGE ST KEENE, NH 03431 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | N/A | |
| | | | |

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|------|---|---|--|
| 2. | List all contracts and unexpire | ed leases | State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease |
| 2.51 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Sale Agreement; No. 338295 | EMBRAER AVENIDA BRIGADEIRO FARIA LIMA 2170 SAN JOSE DOS CAMPOS, 12227-901 BRAZIL |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.52 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 337599 | EMINENCE MANUFACTUING, INC 1000 FACTORY ST EMINENCE, MO 65466 |
| | State the term remaining | 2/3/2028 | |
| | List the contract number of any government contract | | |
| 2.53 | State what the contract or lease is for and the nature of the debtor's interest | Services Purchase Agreement; No. 334605 | EMPAC, INC 300 W DOUGLAS AVE # 930 WICHITA, KS 67202 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.54 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | FAHRENHEIT REFRIGERATION 1227 W MCCORMICK ST WICHITA, KS 67213 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.55 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | FAHRENHEIT REFRIGERATION INC 1227 W MCCORMICK ST WICHITA, KS 67213 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.56 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | FARO TECHNOLOGIES, INC. 250 TECHNOLOGY PARK LAKE MARY, FL 32746 |
| | State the term remaining | N/A | |
| | List the contract number of | | |

any government contract

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| 2. | List all contracts and unexpire | ed leases | State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease |
|------|---|--|--|
| 2.57 | State what the contract or lease is for and the nature of the debtor's interest | Services Purchase Agreement; No. 321766 | FH KAYSINGS 1950 S FLORENCE ST WICHITA, KS 67209 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.58 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | FIGEAC AERO NORTH AMERICA INC 9313 EAST 39TH ST. NORTH WICHITA, KS 67226 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.59 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | FIVES MACHINING SYSTEMS INC 1514 NW 46TH ST SEATTLE, WA 98107 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.60 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | FOUR STATE INDUSTRIAL SUPPLY 1731 S. EISENHOWER CT WICHITA, KS 67209 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.61 | State what the contract or lease is for and the nature of the debtor's interest | Services Purchase Agreement; No. 337407 | GLOBAL EYES, LLC 3110 WEBB AVE SUITE 203 DALLAS, TX 75205 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.62 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement; No. 340991 | GLOBAL MACHINE WORKS 19130 59TH DRIVE N.E. ARLINGTON, WA 98223 |

N/A

any government contract

State the term remaining

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease

| | | | whom the debtor has an executory contract of unexpired lease |
|------|---|-----------------------------------|--|
| 2.63 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | GLOBAL MACHINE WORKS INC 19130 59TH DRIVE N.E. ARLINGTON, WA 98223 |
| | State the term remaining | N/A | |
| | List the contract number of | IVA | |
| | any government contract | | |
| 2.64 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | GM NAMEPLATE INC 2040 15TH AVE. WEST SEATTLE, WA 98119 |
| | State the term remaining | N/A | |
| | List the contract number of | | |
| | any government contract | | |
| 2.65 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | GRACOROBERTS 1001 MILLER AVE FORT WORTH, TX 76105 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.66 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | GRAINGER INC 3924 W PENSACOLA ST TALLAHASSEE, FL 32304 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.67 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | GT MIDWEST 2202 S. WEST ST. WICHITA, KS 67213 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.68 | State what the contract or lease is for and the nature of the debtor's interest | Lease - Lessee; No. 318008 | HALL'S CULLIGAN SERVICES 10821 W. 26TH ST NORTH WICHITA, KS 67226 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| | | | |

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State the name and mailing address for all other parties with List all contracts and unexpired leases

| 2. | List all contracts and unexpire | eu leases | whom the debtor has an executory contract of unexpired lease |
|------|---|---------------------------------------|---|
| 2.69 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | HALLS CULLIGAN WATER COND INC 10821 E 26TH ST N WICHITA, KS 67226 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.70 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | HAMPEL OIL DISTRIBUTORS INC 3727 S WEST ST WICHITA, KS 67217 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.71 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | HEXAGON METROLOGY INC 250 CIRCUIT DRIVE NORTH KINGSTOWN, RI 02852 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.72 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 317767 | HUNTINGTON INGALLS INDUSTRIES 4101 WASHINGTON AVENUE NEWPORT NEWS, VA 23607 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.73 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | HYTEK FINISHES CO 8127 SOUTH 216TH STREET E KENT, WA 98032 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.74 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | IMAGINETICS LLC 3410 A ST SE AUBURN, WA 98391 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | IVA | |
| | | | |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 159 of 184 Debtor Name: TECT Aerospace Wellington Inc. Case Number: 21-10673 State the name and mailing address for all other parties with 2. List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease State what the contract or Various Standalone Buy Agreements KANSAS GUN DRILLING INC 2204 W. HARRY COURT lease is for and the nature of the debtor's interest WICHITA, KS 67213 2.75 State the term remaining N/A List the contract number of any government contract KINTETSU WORLD EXPRESS SALES, INC State what the contract or Various Standalone Sale Agreements lease is for and the nature of 4850 CRITTENDEN DR #1 LOUISVILLE, KY 40209 the debtor's interest 2.76 State the term remaining N/A List the contract number of any government contract State what the contract or LEADFOOT EXPRESS Various Standalone Buy Agreements lease is for and the nature of 1709 S HOOVER RD the debtor's interest WICHITA, KS 67209 2.77 State the term remaining N/A List the contract number of any government contract State what the contract or **LENSCRAFTERS** Services Purchase Agreement lease is for and the nature of 4000 LUXOTTICA PLACE the debtor's interest MASON, OH 45040 2.78 State the term remaining List the contract number of any government contract State what the contract or Confidentiality Agreement LEONARDO DRS 246 AIRPORT ROAD lease is for and the nature of the debtor's interest JOHNSTOWN, PA 15904 2.79

State the term remaining

2/25/2025

List the contract number of any government contract

State what the contract or

2.80

lease is for and the nature of the debtor's interest

Lease - Lessee; No. P000550042

LIFT PARTS SERVICE 3458 S. HOOVER RD. WICHITA, KS 67215

State the term remaining

N/A

List the contract number of any government contract

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Debtor Name: TECT Aerospace Wellington Inc.

Case Number: 21-10673

State the name and mailing address for all other parties with 2. List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease State what the contract or Various Standalone Buy Agreements LIFT PARTS SERVICE, LLC 3458 S. HOOVER RD. lease is for and the nature of the debtor's interest WICHITA, KS 67215 2.81 State the term remaining N/A List the contract number of any government contract State what the contract or Long Term Sale Agreement; No. 344199 LOCKHEED MARTIN lease is for and the nature of 1 LOCKHEED BOULEVARD FORT WORTH, TX 76108 the debtor's interest 2.82 State the term remaining N/A List the contract number of any government contract State what the contract or LOCKHEED MARTIN Long Term Sale Agreement; No. 344200 lease is for and the nature of 1 LOCKHEED BOULEVARD the debtor's interest FORT WORTH, TX 76108 2.83 State the term remaining N/A List the contract number of any government contract State what the contract or Various Standalone Sale Agreements LOCKHEED MARTIN AERO SYST lease is for and the nature of 303 INDUSTRIAL PARK ROAD the debtor's interest JOHNSTOWN, PA 15904 2.84 State the term remaining N/A List the contract number of any government contract State what the contract or Confidentiality Agreement LOCKHEED MARTIN CORPORATION 1 LOCKHEED BOULEVARD lease is for and the nature of the debtor's interest FORT WORTH, TX 76108 2.85 State the term remaining 11/23/2024 List the contract number of any government contract State what the contract or Confidentiality Agreement; No. 370437 LOCKHEED MARTIN CORPORATION 1 LOCKHEED BOULEVARD lease is for and the nature of the debtor's interest FORT WORTH, TX 76108 2.86 State the term remaining 4/30/2024 List the contract number of

any government contract

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease

| 2.87 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 370453 | LOCKHEED MARTIN CORPORATION 1 LOCKHEED BOULEVARD FORT WORTH, TX 76108 |
|------|---|---------------------------------------|--|
| | State the term remaining | 5/5/2021 | |
| | List the contract number of any government contract | | |
| 2.88 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 370455 | LOCKHEED MARTIN CORPORATION 1 LOCKHEED BOULEVARD FORT WORTH, TX 76108 |
| | State the term remaining | 12/31/2025 | |
| | List the contract number of any government contract | | |
| 2.89 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | LOGIC INC 890 N MARTWAY CT OLATHE, KS 66061 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.90 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | MAYDAY MANUFACTURING 3100 JIM CHRISTAL RD. DENTON, TX 76207 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.91 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement | MECANIQUE D'AQUITAINE (MECADAQ) POLE TECHNOLOGIQUE JEAN BERTIN TARNOS, 40220 FRANCE |
| | State the term remaining | 9/1/2024 | |
| | List the contract number of any government contract | | |
| 2.92 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | METAL FINISHING CO INC 1423 S. MCLEAN BLVD WICHITA, KS 67213 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| Ь | | | |

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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 of unexpired lease

| | | | whom the deptor has an executory contract of unexpired lease |
|------|---|--|---|
| 2.93 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement | METAL IMPROVEMENT COMPANY 199 RIDGEVIEW DUNCAN, SC 29334 |
| | State the term remaining | 0/04/0000 | |
| | List the contract number of | 9/21/2023 | |
| | any government contract | | |
| 2.94 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | METAL IMPROVEMENT COMPANY 199 RIDGEVIEW DUNCAN, SC 29334 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.95 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 339854 | MHD-ROCKLAND 21250 INDUSTRIEL BLVD SAINTE-ANNE-DE-BELLEVUE, QC H9X 0B4 CANADA |
| | State the term remaining | 7/24/2028 | |
| | List the contract number of any government contract | 772 772020 | |
| 2.96 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Sale Agreements | MHI CANADA AEROSPACE, INC. 6390 NORTHWEST DRIVE MISSISSAUGA, ON L4V 151 CANADA |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | IVA | |
| 2.97 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Sale Agreement; No. 4501034742 | MHICA 6390 NORTHWEST DRIVE, MISSISSAUGA, ON L4V 151 CANADA |
| | State the term remaining | 12/31/2023 | |
| | List the contract number of any government contract | | |
| 2.98 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Sale Agreement; No. 4501065633 | MHICA 6390 NORTHWEST DRIVE, MISSISSAUGA, ON L4V 151 CANADA |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| | | | |

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 of unexpired lease

| 2.99 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 4501075374 | MIDDLE RIVER AIRCRAFT SYSTEMS 103 CHESAPEAKE PARK PLAZA BALTIMORE, MD 21220 |
|-------|---|---|---|
| | State the term remaining | | |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.100 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | MOTION INDUSTRIES INC 1605 ALTON ROAD BIRMINGHAM, AL 35210 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.101 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | MSC INDUSTRIAL SUPPLY CO BLDG 2200 SR8, 814 RADCLIFF BLVD ALBANY, GA 31704 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | IVA | |
| 2.102 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | NANCE MANUFACTURING INC 2005 S WEST ST WICHITA, KS 67213 |
| | State the term remaining | | |
| | List the contract number of any government contract | N/A | |
| 2.103 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement; No. 365839 | NATIONAL PRECISION BEARING 8152 304TH AVE SE 6TH FL PRESTON, WA 98050 |
| | State the term remaining | 12/31/2022 | |
| | List the contract number of any government contract | | |
| 2.104 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | NEWARK ELECTRONICS 217 WILCOX AVE GAFFNEY, SC 29341 |
| | State the term remaining | N/A | |
| | State the term remaining List the contract number of any government contract | N/A | |
| | | | |

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease

| | | | whom the debtor has an executory contract of unexpired lease |
|-------|---|---|---|
| 2.105 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | NORTHWAY PRODUCTS INC 11027 47TH AVE WEST MUKILTEO, WA 98275 |
| | State the term remaining | N/A | |
| | List the contract number of | IVA | |
| | any government contract | | |
| 2.106 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Sale Agreements | NWI NASHVILLE, LLC 1431 VULTEE BLVD NASHVILLE, TN 37217-2007 |
| | State the term remaining | N/A | |
| | List the contract number of | | |
| | any government contract | | |
| 2.107 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Sale Agreements | NWI WICHITA LLC 3258 S. HOOVER ROAD WICHITA, KS 67215 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.108 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | ORIZON AEROSTRUCTURES - PROCESSING, INC 2526 W. 21ST STREET CHANUTE, KS 66720 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.109 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | PACIFIC TOOL INC 15235 NE 92ND ST REDMOND, WA 98052 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.110 | State what the contract or lease is for and the nature of the debtor's interest | Services Purchase Agreement; No. 368688 | PDS TECH, INC 404 BNA DR #310 NASHVILLE, TN 37217 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| | | | |

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Debtor Name: TECT Aerospace Wellington Inc. Case Number: 21-10673

State the name and mailing address for all other parties with 2. List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease State what the contract or Various Standalone Buy Agreements PIONEER PACKAGING 1280 FRONTENAC RD lease is for and the nature of the debtor's interest NAPERVILLE, IL 60563 2.111 State the term remaining N/A List the contract number of any government contract State what the contract or Confidentiality Agreement; No. 371317 PIPER AIRCRAFT lease is for and the nature of 2926 PIPER DRIVE VERO BEACH, FL 32960 the debtor's interest 2.112 State the term remaining N/A List the contract number of any government contract State what the contract or PLYMOUTH TUBE CO Various Standalone Buy Agreements lease is for and the nature of 201 COMMERCE COURT the debtor's interest HOPKINSVILLE, KY 42240 2.113 State the term remaining N/A List the contract number of any government contract State what the contract or PRC-DESOTA INTERNATIONAL INC Various Standalone Buy Agreements lease is for and the nature of 2750 114TH 21ST. STE. 400 the debtor's interest **GRAND PRAIRIE, TX 75050** 2.114 State the term remaining N/A List the contract number of any government contract State what the contract or Various Standalone Buy Agreements QUAL-FAB, INC 1705 S. 93RD ST. BLD F, UNIT 11 lease is for and the nature of the debtor's interest SEATTLE, WA 98108 2.115 State the term remaining N/A List the contract number of any government contract State what the contract or Various Standalone Buy Agreements QUALITY STAMPING & MACHINING INC 1907 137TH AVE E lease is for and the nature of the debtor's interest **SUMNER, WA 98390** 2.116

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| 2. | List all contracts and unexpire | ed leases | State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease |
|-------|---|--|--|
| 2.117 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement; No. 370423 | QUALITY STAMPING AND MACHINE 1907 137TH AVE E SUMNER, WA 98390 |
| | State the term remaining | 12/31/2021 | |
| | List the contract number of any government contract | | |
| 2.118 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | RBC BEARINGS TORRINGTON PLANT 2788 WINSTED RD. TORRINGTON, CT 06790 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.119 | State what the contract or lease is for and the nature of the debtor's interest | Services Purchase Agreement | RED WING BUSINESS ADVANTAGE 314 MAIN ST RED WING, MN 55066 |
| | State the term remaining | | |
| | List the contract number of any government contract | | |
| 2.120 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | REGASA AEROSPACE, INC 4327 W MAY WICHITA, KS 67209 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.121 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 372983 | RTI-CLARO, INC (HOWMET) 5515 RUE ERNEST-CORMIER LAVAL, QC H7C 2S9 CANADA |
| | State the term remaining | 11/11/2023 | |
| | List the contract number of any government contract | | |
| 2.122 | State what the contract or lease is for and the nature of the debtor's interest | Services Purchase Agreement; No. 372933 | SECURITY ESSENTIALS, LLC 34 S MAIN ST #3 CHAGRIN FALLS, OH 44022 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |

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Debtor Name: TECT Aerospace Wellington Inc. Case Number: 21-10673

State the name and mailing address for all other parties with 2. List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease State what the contract or Various Standalone Buy Agreements SHARP EDGE LLC 2657 W ESTHNER lease is for and the nature of the debtor's interest WICHITA, KS 67213 2.123 State the term remaining N/A List the contract number of any government contract SOUTH CENTRAL COMMERCIAL MECHANICAL LLC State what the contract or Various Standalone Buy Agreements lease is for and the nature of 2627 W MAXWELL AVE WICHITA, KS 67217 the debtor's interest 2.124 State the term remaining N/A List the contract number of any government contract State what the contract or SOUTHWEST UNITED IND INC Various Standalone Buy Agreements lease is for and the nature of 422 SOUTH ST. LOUIS ST the debtor's interest TULSA, OK 74120 2.125 State the term remaining N/A List the contract number of any government contract State what the contract or SPEF CARRIAGE ASSEMBLY, LLC Equipment Lease - Lessee lease is for and the nature of 2 TOWN SQUARE BLVD SUITE 310 the debtor's interest ASHEVILLE, NC 28803 2.126 State the term remaining N/A List the contract number of any government contract State what the contract or Equipment Lease Agreement - Lessee SPEF CARRIAGE ASSEMBLY, LLC 2 TOWN SQUARE BLVD SUITE 310 lease is for and the nature of the debtor's interest ASHEVILLE, NC 28803 2.127 State the term remaining N/A List the contract number of any government contract State what the contract or Equipment Lease Agreement - Lessee SPEF CARRIAGE ASSEMBLY, LLC 2 TOWN SQUARE BLVD SUITE 310 lease is for and the nature of the debtor's interest ASHEVILLE, NC 28803 2.128 State the term remaining N/A List the contract number of any government contract

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Sasta Hame. 1201 Notospaso Wollington Inc.

| 2. | List all contracts and unexpire | ed leases | State the name and mailing address for all other parties with whom the debtor has an executory contract of unexpired lease |
|-------|---|---------------------------------------|--|
| 2.129 | State what the contract or lease is for and the nature of the debtor's interest | Equipment Lease Agreement - Lessee | SPEF CARRIAGE ASSEMBLY, LLC 2 TOWN SQUARE BLVD SUITE 310 ASHEVILLE, NC 28803 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.130 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Sale Agreements | SPIRIT AEROSYSTEMS (EUROPE) LIMITED PRESTWICK INTL AIRPORT AYRSHIRE, KA9 SCOTLAND |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | IVA | |
| 2.131 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 360675 | SPIRIT AEROSYSTEMS (EUROPE) LIMITED PRESTWICK INTL AIRPORT AYRSHIRE, KA9 SCOTLAND |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | IVA | |
| 2.132 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 360697 | SPIRIT AEROSYSTEMS (EUROPE) LIMITED PRESTWICK INTL AIRPORT AYRSHIRE, KA9 SCOTLAND |
| | State the term remaining | 6/18/2024 | |
| | List the contract number of any government contract | | |
| 2.133 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Sale Agreements | SPIRIT AEROSYSTEMS TULSA 3330 N MINGO RD TULSA, OK 74116 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.134 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 360771 | SPIRIT AEROSYSTEMS BOEING 3801 S. OLIVER WICHITA, KS 67210 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |

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Debtor Name: TECT Aerospace Wellington Inc. Case Number: 21-10673 State the name and mailing address for all other parties with 2. List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease State what the contract or Various Standalone Sale Agreements SPIRIT AEROSYSTEMS, INC 3801 SOUTH OLIVER lease is for and the nature of the debtor's interest **WICHITA, KS 672110** 2.135 State the term remaining N/A List the contract number of any government contract State what the contract or Confidentiality Agreement; No. 360561 SPIRIT UK lease is for and the nature of INT AIRPORT **GLASGOW** the debtor's interest 2.136 PRESTWICK, KA9 2RW UNITED KINGDOM State the term remaining 11/30/2022 List the contract number of any government contract State what the contract or STRATA MANUFACTURING PJSC Various Standalone Sale Agreements lease is for and the nature of NIBRAS AL AIN AEROSPACE PARK the debtor's interest PO BOX 86519 AL AIN 2.137 EMIRATE OF ABU DHABI, **UNITED ARAB EMIRATES** State the term remaining N/A List the contract number of any government contract State what the contract or STRETCH FORMING CORPORATION Various Standalone Buy Agreements

List the contract number of any government contract

N/A

Long Term Sale Agreement; No. 360764 SUBARU CORPORATION 1 SUBARU DRIVE CAMDEN, NJ 08103

804 S. REDLANDS AVE

PERIS, CA 92570

State the term remaining 12/31/2021

List the contract number of any government contract

State what the contract or

lease is for and the nature of

lease is for and the nature of

the debtor's interest

State the term remaining

State what the contract or

lease is for and the nature of the debtor's interest

2.138

2.139

2.140

Long Term Sale Agreement; No. 360766 SUBARU CORPORATION 1 SUBARU DRIVE

the debtor's interest CAMDEN, NJ 08103

State the term remaining 12/31/2021

List the contract number of any government contract

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State the name and mailing address for all other parties with 2. List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease State what the contract or Various Standalone Sale Agreements TECT AEROSPACE WELLINGTON, INC. 1515 NORTH A STREET lease is for and the nature of the debtor's interest WELLINGTON, KS 67152 State the term remaining N/A List the contract number of any government contract TECT AEROSPACE, LLC State what the contract or Admininstrative Services lease is for and the nature of 300 W. DOUGLAS the debtor's interest SUITE 100 2.142 WICHITA, KS 67202 State the term remaining N/A List the contract number of any government contract State what the contract or TECT AEROSPACE, LLC Various Standalone Buy Agreements lease is for and the nature of 1515 75TH STREET S.W. the debtor's interest SUITE 500 EVERETT, WA 98203 State the term remaining N/A List the contract number of any government contract State what the contract or Various Standalone Sale Agreements TECT AEROSPACE, LLC lease is for and the nature of 1515 75TH STREET S.W. the debtor's interest SUITE 500 2.144 EVERETT, WA 98203 State the term remaining N/A List the contract number of any government contract State what the contract or Various Standalone Buy Agreements TECT HYPERVELOCITY, INC. 5545 N. MILL HEIGHTS DR. lease is for and the nature of the debtor's interest PARK CITY, KS 67219 2.145 State the term remaining N/A List the contract number of any government contract State what the contract or Lease - Lessee; No. 372704 TENNANT SALES AND SERVICES PO. BOX 71414 lease is for and the nature of the debtor's interest CHICAGO, IL 60694-1414 2.146 State the term remaining N/A List the contract number of any government contract

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Debtor Name: TECT Aerospace Wellington Inc. Case Number: 21-10673 State the name and mailing address for all other parties with 2. List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease State what the contract or Long Term Sale Agreement; No. 372714 **TEXTRON AVIATION** 1 CESSNA BLVD lease is for and the nature of the debtor's interest WICHITA, KS 67215 State the term remaining 12/31/2024 List the contract number of any government contract **TEXTRON AVIATION (CESSNA)** State what the contract or Various Standalone Buy Agreements lease is for and the nature of 1 CESSNA BLVD WICHITA, KS 67215 the debtor's interest 2.148 State the term remaining N/A List the contract number of any government contract TEXTRON AVIATION INC (CESSNA) State what the contract or Various Standalone Sale Agreements lease is for and the nature of 1 CESSNA BLVD the debtor's interest WICHITA, KS 67215 State the term remaining N/A List the contract number of any government contract State what the contract or Confidentiality Agreement; No. 372709 THE BOEING COMPANY lease is for and the nature of PO BOX 3707 SEATTLE, WA 98124 the debtor's interest 2.150 State the term remaining 4/11/2028 List the contract number of any government contract State what the contract or Confidentiality Agreement; No. 373427 THE BOEING COMPANY PO BOX 3707 lease is for and the nature of the debtor's interest SEATTLE, WA 98124 2.151 State the term remaining 4/11/2028 List the contract number of any government contract State what the contract or Confidentiality Agreement; No. 373429 THE BOEING COMPANY PO BOX 3707 lease is for and the nature of the debtor's interest SEATTLE, WA 98124 2.152 State the term remaining 4/19/2021

List the contract number of any government contract

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State the name and mailing address for all other parties with List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease

| ۷. | List all Contracts and unexpired leases | | whom the debtor has an executory contract of unexpired lease | |
|-------|---|--------------------------------------|--|--|
| 2.153 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Sale Agreement; No. 357551 | THE BOEING COMPANY PO BOX 3707 SEATTLE, WA 98124 | |
| | State the term remaining | | | |
| | List the contract number of | | | |
| | any government contract | | | |
| 2.154 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Sale Agreement; No. 373069 | THE BOEING COMPANY PO BOX 3707 SEATTLE, WA 98124 | |
| | State the term remaining | | | |
| | List the contract number of | | | |
| | any government contract | | | |
| 2.155 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Sale Agreement; No. 373420 | THE BOEING COMPANY PO BOX 3707 SEATTLE, WA 98124 | |
| | State the term remaining | 12/21/2024 | | |
| | List the contract number of any government contract | | | |
| 2.156 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Sale Agreement; No. 373426 | THE BOEING COMPANY PO BOX 3707 SEATTLE, WA 98124 | |
| | State the term remaining | N/A | | |
| | List the contract number of any government contract | | | |
| 2.157 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Sale Agreement; No. 373434 | THE BOEING COMPANY PO BOX 3707 SEATTLE, WA 98124 | |
| | State the term remaining | N/A | | |
| | List the contract number of any government contract | | | |
| 2.158 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Sale Agreement; No. 373437 | THE BOEING COMPANY PO BOX 3707 SEATTLE, WA 98124 | |
| | State the term remaining | N/A | | |
| | List the contract number of any government contract | | | |
| | | | | |

State the name and mailing address for all other parties with List all contracts and unexpired leases

| 2. | List all contracts and unexpire | u leases | whom the debtor has an executory contract of unexpired lease |
|-------|---|---|--|
| 2.159 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supply Agreement; No. 372768 | THE BOEING COMPANY PO BOX 3707 SEATTLE, WA 98124 |
| | State the term remaining | | |
| | List the contract number of any government contract | | |
| 2.160 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supply Agreement; No. 373425 | THE BOEING COMPANY PO BOX 3707 SEATTLE, WA 98124 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.161 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | THE YARD STORE 715 E 10TH ST N WICHITA, KS 67214 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.162 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | TOTAL ELECTRIC 1857 N MOSLEY ST WICHITA, KS 67214 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.163 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | TRAVERS TOOL CO INC 118 SPARTANGREEN BLVD DUNCAN, SC 29334 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.164 | State what the contract or lease is for and the nature of the debtor's interest | Services Purchase Agreement; No. 373304 | TRICOR EMPLOYMENT SCREENING 110 BLAZE INDUSTRIAL PKWY #3 BEREA, OH 44017 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |

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| 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 of unexpired lease |
|----|---|--|
|----|---|--|

| 2. | List all contracts and unexpired leases | | whom the debtor has an executory contract of unexpired lease | | |
|-------|---|--|---|--|--|
| 2.165 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement; No. 348262 | TRINITY PRECISION 1935 WALKER STREET WICHITA, KS 67213 | | |
| | State the term remaining | 12/31/2024 | | | |
| | List the contract number of any government contract | | | | |
| 2.166 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 365298 | TRIUMPH 899 CASSATTE RD SUITE 210 BERWYN, PA 19312 | | |
| | State the term remaining | 12/4/2022 | | | |
| | List the contract number of any government contract | | | | |
| 2.167 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 365294 | TRIUMPH ACTUATION SYSTEMS - CONNECTICUT, LLC DBA TRIUMPH AEROSPACE SYSTEMS - SEATTLE 29 INDUSTRIAL PARK RD NIANTIC, CT 06357 | | |
| | State the term remaining | | | | |
| | List the contract number of any government contract | | | | |
| 2.168 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Sale Agreements | TRIUMPH AEROSTRUCTURES (VOUGHT AIRCRAFT DIVISION) 90 GA-22 MILLEDGEVILLE, GA 31061 | | |
| | State the term remaining | N/A | | | |
| | List the contract number of any government contract | | | | |
| 2.169 | State what the contract or lease is for and the nature of the debtor's interest | Confidentiality Agreement; No. 371934 | TRIUMPH GROUP, INC 899 CASSATTE RD SUITE 210 BERWYN, PA 19312 | | |
| | State the term remaining | N/A | | | |
| | List the contract number of any government contract | | | | |
| 2.170 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | TW METALS INC 1200 BLAKE DRIVE WICHITA, KS 67219 | | |
| | State the term remaining | N/A | | | |
| | List the contract number of any government contract | | | | |
| | | | | | |

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 of unexpired lease

| | | | whom the debtor has an executory contract of unexpired lease |
|-------|---|--|---|
| 2.171 | State what the contract or lease is for and the nature of the debtor's interest | Equipment Lease Contracts | U.S. BANK EQUIPMENT FINANCE ATTN: CUSTOMER SERVICE 1310 MADRID STREET MARSHALL, MN 56258 |
| | State the term remaining | N/A | |
| | | IV/A | |
| | List the contract number of any government contract | | |
| 2.172 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | ULINE 7153 S JOHN YOUNG PKWY SUITE 353 ORLANDO, FL 32809 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.173 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement; No. 370407 | UNIVERSAL ALLOY CORPORATION 180 LAMAR HOLLY PKWY CANTON, GA 30114 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.174 | State what the contract or lease is for and the nature of the debtor's interest | Lease - Tenant | UTICA REALTY WELLINGTON, LLC 2 TOWN SQUARE BLVD SUITE 310 ASHEVILLE, NC 28803 |
| | State the term remaining | | |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.175 | State what the contract or lease is for and the nature of the debtor's interest | Lease - Tenant; No. 373458 | UTICA REALTY WELLINGTON, LLC 2 TOWN SQUARE BLVD SUITE 310 ASHEVILLE, NC 28803 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | | |
| 2.176 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | VALENCE LYNWOOD 2605 INDUSTRY WAY LYNWOOD, CA 90262 |
| | State the term remaining | N/A | |
| | List the contract number of any government contract | N/A | |
| Щ_ | | | |

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State the name and mailing address for all other parties with List all contracts and unexpired leases whom the debtor has an executory contract of unexpired lease

| | | | whom the debtor has an executory contract of unexpired lease | | |
|-------|---|-----------------------------------|--|--|--|
| 2.177 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | VAUPELL 114 N W 53 RD SEATTLE, WA 98107 | | |
| | State the term remaining | N/A | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| 2.178 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | VERITIV OPERATING COMPANY 3166 HARTSFIELD RD TALLAHASSEE, FL 32303 | | |
| | State the term remaining | N/A | | | |
| | List the contract number of | | | | |
| | any government contract | | | | |
| 2.179 | State what the contract or lease is for and the nature of the debtor's interest | Contract No. 373360 | VERIZON PO BOX 489 NEWARK, NJ 07101 | | |
| | State the term remaining | N/A | | | |
| | List the contract number of any government contract | | | | |
| 2.180 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | VOESTALPINE BOHLER AEROSPACE GMBH & CO KG MARIAZELLER STRASSE 25 KAPFENBERG, 8605 AUSTRIA | | |
| | State the term remaining | N/A | | | |
| | List the contract number of any government contract | | | | |
| 2.181 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | WEATHERFORD AEROSPACE INC 1020 E. COLUMBIA STREET WEATHERFORD, TX 76086 | | |
| | State the term remaining | N/A | | | |
| | List the contract number of any government contract | | | | |
| 2.182 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | WEBER METALS INC 16706 GARFIELD AVE PARAMOUNT, CA 90723 | | |
| | State the term remaining | N/A | | | |
| | List the contract number of any government contract | ••• | | | |
| | | | | | |

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| 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 of unexpired lease | |
|-------|---|--|--|--|
| 2.183 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | WELLS FARGO 420 MONTGOMERY STREET 7TH FLOOR SAN FRANCISCO, CA 94104 | |
| | State the term remaining List the contract number of any government contract | N/A | | |
| 2.184 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | WELLS FARGO EQUIP FINANCE-MFG SERVICES GROUP 600 S 4TH ST MINNEAPOLIS, MN 55415-1526 | |
| | State the term remaining List the contract number of any government contract | N/A | | |
| 2.185 | State what the contract or lease is for and the nature of the debtor's interest | Various Standalone Buy Agreements | WELLS FARGO FINANCIAL LEASING 420 MONTGOMERY STREET 7TH FLOOR SAN FRANCISCO, CA 94104 | |
| | State the term remaining List the contract number of any government contract | N/A | | |
| 2.186 | State what the contract or lease is for and the nature of the debtor's interest | Long Term Supplier Agreement; No. 349989 | WESCO AIRCRAFT HARDWARE 27727 AVENUE SCOTT VALENCIA, CA 91355 | |

State the term remaining

List the contract number of any government contract

12/31/2023

| Fill in this information to identify the case: |
|--|
| Debtor Name: In re : TECT Aerospace Wellington Inc. |
| United States Bankruptcy Court for the: District of Delaware |
| Case number (if known): 21-10673 (KBO) |

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 1: Codebtor | | | Column 2: Creditor | Column 2: Creditor | |
|----------------------------------|--------------------|-------|----------|--------------------|---------------------------------|--|
| Name | Mailing address | | | Name | Check all schedules that apply: | |
| 2.1 Sun Country Holdings, LLC | 300 W. Douglas | | | The Boeing Company | ☑D | |
| | Street | | | | | |
| | Suite 100 | | | | □ E/F | |
| | | | | | □G | |
| | Wichita | KS | 67202 | | | |
| | City | State | ZIP Code | | | |
| | Country | | | | | |
| 2.2 TECT Aerospace Holdings, LLC | 300 W. Douglas | | | The Boeing Company | ☑ D | |
| | Street | | | | | |
| | Suite 100 | | | | □ E/F | |
| | | | | | □G | |
| | Wichita | KS | 67202 | | | |
| | City | State | ZIP Code | <u> </u> | | |
| | Country | | | | | |

Case 21-10670-KBO Doc 100 Filed 05/03/21 Page 179 of 184 Debtor: TECT Aerospace Wellington Inc. Name 2.3 TECT Aerospace Kansas 300 W. Douglas SPEF Carriage Assembly, \Box D Holdings, LLC LLC Street Suite 100 ☑ E/F ☑ G Wichita KS 67202 City ZIP Code State Country 2.4 TECT Aerospace Kansas 300 W. Douglas The Boeing Company ☑D Holdings, LLC Street Suite 100 □ E/F \square G Wichita KS 67202 City ZIP Code State Country 2.5 TECT Aerospace Kansas Utica Realty Wellington, LLC 300 W. Douglas \Box D Holdings, LLC Street Suite 100 ☑ E/F $\ensuremath{\selfill} G$ Wichita KS 67202 City State ZIP Code Country 2.6 TECT Aerospace, LLC 300 W. Douglas Citibank, N.A., its Branches, \square D Subsidiaries and Affiliates Street Suite 100 □ E/F \square G Wichita KS 67202 City State ZIP Code Country 2.7 TECT Aerospace, LLC 300 W. Douglas The Boeing Company \square D Street Suite 100 □ E/F \square G Wichita KS 67202 City State ZIP Code Country

Filed 05/03/21 Case 21-10670-KBO Doc 100 Page 180 of 184 Debtor: TECT Aerospace Wellington Inc. Name $\ \ \square$ D 2.8 TECT Hypervelocity, Inc 300 W. Douglas Citibank, N.A., its Branches, Subsidiaries and Affiliates Street Suite 100 \square E/F \square G 67202 Wichita KS City ZIP Code State Country 2.9 TECT Hypervelocity, Inc. 300 W. Douglas The Boeing Company Suite 100 □ E/F $\; \Box \; G$ Wichita KS 67202 City State ZIP Code

Country

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Fill in this information to identify the case: Debtor Name: In re: TECT Aerospace Wellington Inc. United States Bankruptcy Court for the: District of Delaware

Case number (if known): 21-10673 (KBO)

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 ha | ave examined the information in the documents checked below and | I have a reasonable belief that the information is true and correct: | | | |
| | | | | | |
| V | Schedule A/B: Assets–Real and Personal Property (Official Form | 206A/B) | | | |
| | Schedule D: Creditors Who Have Claims Secured by Property (O | fficial Form 206D) | | | |
| | Schedule E/F: Creditors Who Have Unsecured Claims (Official Fo | orm 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 For | rm 206Sum) | | | |
| | Amended Schedule | | | | |
| | Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 2 | 0 Largest Unsecured Claims and Are Not Insiders (Official Form 204) | | | |
| | Other document that requires a declaration | | | | |
| | | | | | |
| | | | | | |
| l do | eclare under penalty of perjury that the foregoing is true and correct. | | | | |
| i ue | eciale under penalty of penjury that the foregoing is tide and correct. | | | | |
| Exe | ecuted on 05/03/2021 | ★ /s/ Kevin O. Larson | | | |
| | MM / DD / YYYY | | | | |
| | | | | | |
| | | Kevin O. Larson | | | |
| | | Printed name | | | |
| | | Vice President of Finance | | | |
| | | Position or relationship to debtor | | | |

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In re: TECT Aerospace Wellington Inc. Case No. 21-10673

Schedule A/B 8
Prepayments

| | | Current value of |
|------------------------|------------------------------|-------------------|
| Description | Name of holder of prepayment | debtor's interest |
| Computer Software & | | |
| Maintenance | CG Tech Invoice | \$4,550.00 |
| Computer Software & | | |
| Maintenance | Galaxie | \$5,540.74 |
| Computer Software & | Numerical Control Computer | |
| Maintenance | Sciences (NCCS) | \$353.75 |
| Machine Maint | Hexagon Meterology | \$34,308.33 |
| Material Prepayment | ACB SAS | \$6,045.00 |
| Material Prepayment | AMI METALS INC | \$50,979.59 |
| Material Prepayment | CHROME PLUS INTERNATIONA | \$57,367.59 |
| Material Prepayment | COX MACHINE INC | \$44,605.50 |
| Material Prepayment | NANCE MANUFACTURING INC | \$167,915.18 |
| Material Prepayment | ORIZON AEROSTRUCTURES - | \$26,894.12 |
| Material Prepayment | PACIFIC TOOL INC | \$895.00 |
| Material Prepayment | SOUTHWEST UNITED IND INC | \$29,611.00 |
| | STRETCH FORMING | |
| Material Prepayment | CORPORATION | \$8,647.31 |
| Material Prepayment | VALENCE LYNWOOD | \$50,000.00 |
| Material Prepayment | voestalpine BOHLER Aeros | \$310,562.32 |
| Material Prepayment | WEBER METALS INC | \$62,775.00 |
| Scrap Sales Receivable | All Metal Recycle | \$95,120.00 |
| | TOTAL | \$956,170.43 |

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In re: TECT Aerospace Wellington Inc. Case No. 21-10673

Schedule A/B 47

Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

| Year | Make | Model | Identification Number (i.e. VIN, HIN or N- number) | Net book value of debtor's interest (where available) | Valuation method used for current value | Current value of debtor's interest |
|------|-----------|----------------|--|---|---|------------------------------------|
| 1990 | GMC | C7000 C7D042 | 1GDJ7D1PXLV501645 | \$0.00 | N/A | Undetermined |
| 1993 | Chevrolet | GMT- 400 C1 | 1GCDC14K5PZ155448 | \$0.00 | N/A | Undetermined |
| 1995 | GMC | Topkick C6H042 | 1GDG6H1J35J519586 | \$0.00 | N/A | Undetermined |
| 2000 | Chevrolet | C Series | 1GBJ7H1C7YJ502974 | \$0.00 | N/A | Undetermined |
| 2000 | Dodge | Dodge Ram 3500 | 3B6MC3666YM217491 | \$0.00 | N/A | Undetermined |
| 2000 | Dodge | Ram 3500 | 3B6MC3665YM204795 | \$0.00 | N/A | Undetermined |
| | | | TOTAL: | \$0.00 | TOTAL: | Undetermined |

In re: TECT Aerospace Wellington Inc. Case No. 21-10673

Schedule A/B 73 Interests in insurance policies or annuities

| Company | Account number / Policy number | Current value of debtor's interest |
|---------------------------------|--------------------------------|------------------------------------|
| Factory Mutual | 1071135 | Undetermined |
| Federal Insurance Company | | |
| (Chubb) | 81733346 | Undetermined |
| Hudson Excess Ins Co | CYB100349101 | Undetermined |
| Illinois Union Insurance Co. | | |
| (Chubb) | G71173367003 | Undetermined |
| Insurance Company of the State | | |
| of Pennsylvania (AIG) | WS11013721 | Undetermined |
| National Union Fire Insurance | | |
| Co. of Pittsburgh, PA | AP02817660307 | Undetermined |
| Starr Indemnity & Liability | 1000002579 | Undetermined |
| Starr Indemnity & Liability Co. | 1000600417201 | Undetermined |
| Steadfast Insurance Company | EPC 5911404 02 | Undetermined |
| Travelers Indemnity Company | | |
| of America | ZOE-81N0337220 | Undetermined |
| | TOTAL: | Undetermined |