

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

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<i>In re</i>	:	<b>Chapter 11</b>
	:	
TECT AEROSPACE GROUP HOLDINGS,	:	<b>Case No. 21-10670 (KBO)</b>
INC., <i>et al.</i> ,	:	
	:	<b>Jointly Administered</b>
<b>Debtors.</b> <sup>1</sup>	:	
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**NOTICE OF FILING OF AMENDED SCHEDULES OF ASSETS AND LIABILITIES  
FOR TECT AEROSPACE, LLC, CASE NO. 21-10674 (KBO)**

PLEASE TAKE NOTICE that, on May 3, 2021, TECT Aerospace, LLC (“TECT Aerospace”), one of the debtors and debtors in possession in the above-captioned chapter 11 cases, filed its *Schedules of Assets and Liabilities* [Docket No. 102] (the “Schedules”) with the United States Bankruptcy Court for the District of Delaware.

PLEASE TAKE FURTHER NOTICE that TECT Aerospace is hereby filing an amendment to Schedule E/F (Creditors Who Have Unsecured Claims) (the “Schedule Amendment”) to correct the amount of the nonpriority unsecured claim of Utica Realty Kent LLC (the “Corrected Claim”).

PLEASE TAKE FURTHER NOTICE that a copy of the Schedule Amendment is attached hereto as **Exhibit A**. The Schedule Amendment fully replaces the previously filed Schedule F and does not amend or replace the previously filed Schedule E. For the avoidance of doubt, the Schedule Amendment only affects the Corrected Claim and does not affect any other claimants or claims identified on Schedule E/F (filed on May 3, 2021). The Schedule

<sup>1</sup> 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.



Amendment is hereby incorporated into, and comprises an integral part of, the Schedules. TECT Aerospace reserves its right to further amend the Schedules, from time to time as may be necessary or appropriate.

Dated: May 12, 2021  
Wilmington, Delaware

/s/ Christopher M. De Lillo  
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*Attorneys for the Debtors and Debtors in Possession*

**EXHIBIT A**

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

----- X  
*In re* : **Chapter 11**  
:   
TECT AEROSPACE GROUP HOLDINGS, : **Case No. 21-10670 (KBO)**  
INC., *et al.*, :   
:   
Debtors.<sup>1</sup> : **Jointly Administered**  
----- X

AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR  
TECT AEROSPACE, LLC, CASE NO. 21-10674 (KBO)

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<sup>1</sup> 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.

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

Debtor Name: In re : TECT Aerospace, LLC  
 United States Bankruptcy Court for the: District of Delaware  
 Case number (if known): 21-10674 (KBO)

Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* .....

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B* .....

\$ 9,468,318.35

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

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

\$ 9,468,318.35

**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* .....

\$ 43,173,391.84

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* .....

\$ 3,109,373.49

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* .....

~~32,913,373.12~~  
 + \$ 32,873,372.82

**Total Updated**

4. **Total liabilities**

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

79,196,138.45  
 \$ 79,156,138.15

**Total Amount Updated**

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

Debtor Name: In re : TECT Aerospace, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 21-10674 (KBO)

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to Line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim	Priority amount
-------------	-----------------

2.1 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$ 4,725.10 \$ 4,725.10

Al Naiema, Asaad  
Creditor Name

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Creditor's Notice name

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 5554

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.2	<b>Priority creditor's name and address</b> ALLEN, PHILIP ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1479  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$38,228.35	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.3	<b>Priority creditor's name and address</b> ANDERSON, DAVID ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 3016  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,150.56	\$5,150.56
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.4	<b>Priority creditor's name and address</b> ANDERSON, DOUGLAS ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5337  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$17,620.12	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.5	<b>Priority creditor's name and address</b> ANTHONY, DON ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 4066  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$2,721.38	\$2,721.38
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.6	<b>Priority creditor's name and address</b> AUSTIN, JANE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2625  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$34,825.08	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.7	<b>Priority creditor's name and address</b> BAH, MUHAMMED ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5410  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$9,416.85	\$9,416.85
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.8	<b>Priority creditor's name and address</b> BAKER, ETHAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5519  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,123.59	\$5,123.59
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.9	<b>Priority creditor's name and address</b> BALLINGER, CHRISTY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5320  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$12,675.17	\$12,675.17
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.10	<b>Priority creditor's name and address</b> BAUER, EMILY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5944  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$19,217.41	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.11	<b>Priority creditor's name and address</b> BENJAMIN, JOHN H ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 7089  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$15,980.19	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.12	<b>Priority creditor's name and address</b> BLANKENSHIP, CHARLES ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1463  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,904.77	\$5,904.77
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.13	<b>Priority creditor's name and address</b> BOHAN, LORI ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5755  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$13,920.03	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.14	<b>Priority creditor's name and address</b> BONDOC, ELIZABETH ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5669  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,908.90	\$6,908.90
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.15	<b>Priority creditor's name and address</b> BUCKINGHAM, SINA ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5706  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$11,813.69	\$11,813.69
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.16	<b>Priority creditor's name and address</b> CARVO, TERRY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1733  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$17,666.12	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.17	<b>Priority creditor's name and address</b> CHALENOR, JOHN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5718  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$7,800.63	\$7,800.63
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.18	<b>Priority creditor's name and address</b> CHEN, PAUL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 406  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$9,724.57	\$9,724.57
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.19	<b>Priority creditor's name and address</b> CHOWNING, DARRYL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 4012  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$7,108.78	\$7,108.78
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.20	<b>Priority creditor's name and address</b> CIENEGA, GERMAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2759  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$9,371.23	\$9,371.23
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.21	<b>Priority creditor's name and address</b> COCHRAN, SAMUEL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 4226  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$19,423.98	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.22	<b>Priority creditor's name and address</b> COCKING, LESLIE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2231  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$8,061.08	\$8,061.08
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.23	<b>Priority creditor's name and address</b> COLEMAN, LINDA L ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5169  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$36,960.25	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.24	<b>Priority creditor's name and address</b> DANIELS, RICHARD ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1067  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$1,467.80	\$1,467.80
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.25	<b>Priority creditor's name and address</b> DAVIS, NOLAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 3085  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$14,849.27	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.26	<b>Priority creditor's name and address</b> DAWSON, JOHN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 9155  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$10,040.83	\$10,040.83
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.27	<b>Priority creditor's name and address</b> DEGREGG, GUY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5563  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$4,836.50	\$4,836.50
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.28	<b>Priority creditor's name and address</b> DEMPSEY, DAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2143  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$10,787.02	\$10,787.02
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.29	<b>Priority creditor's name and address</b> DENNICK, GERALD J ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 7012  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$8,705.60	\$8,705.60
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.30	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 5/4/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$97.76	\$97.76
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.31	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 12/23/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$611.50	\$611.50
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.32	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 11/27/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$9,456.43	\$9,456.43
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.33	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 11/12/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$10,269.54	\$10,269.54
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.34	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 12/14/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$10,332.57	\$10,332.57
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.35	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 7/14/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$10,802.16	\$10,802.16
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.36	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 10/29/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$11,351.89	\$11,351.89
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.37	<p><b>Priority creditor's name and address</b>                      DEPARTMENT OF THE TREASURY                      INTERNAL REVENUE SERVICE                       OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 7/16/20  <b>Last 4 digits of account number:</b> 8650   <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$11,438.98	\$11,438.98
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.38	<p><b>Priority creditor's name and address</b>                      DEPARTMENT OF THE TREASURY                      INTERNAL REVENUE SERVICE                       OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 10/14/20  <b>Last 4 digits of account number:</b> 8650   <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$12,283.07	\$12,283.07
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.39	<p><b>Priority creditor's name and address</b>                      DEPARTMENT OF THE TREASURY                      INTERNAL REVENUE SERVICE                       OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 9/29/20  <b>Last 4 digits of account number:</b> 8650   <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$12,650.87	\$12,650.87
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.40	<p><b>Priority creditor's name and address</b>                      DEPARTMENT OF THE TREASURY                      INTERNAL REVENUE SERVICE                       OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 9/14/20  <b>Last 4 digits of account number:</b> 8650   <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$13,116.11	\$13,116.11
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.41	<p><b>Priority creditor's name and address</b>                      DEPARTMENT OF THE TREASURY                      INTERNAL REVENUE SERVICE                       OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 8/28/20  <b>Last 4 digits of account number:</b> 8650   <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$13,680.25	\$13,680.25
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.42	<p><b>Priority creditor's name and address</b>                      DEPARTMENT OF THE TREASURY                      INTERNAL REVENUE SERVICE                       OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 5/14/20  <b>Last 4 digits of account number:</b> 8650</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$14,313.60	\$14,313.60
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.43	<p><b>Priority creditor's name and address</b>                      DEPARTMENT OF THE TREASURY                      INTERNAL REVENUE SERVICE                       OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 6/29/20  <b>Last 4 digits of account number:</b> 8650</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$14,874.69	\$14,874.69
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.44	<p><b>Priority creditor's name and address</b>                      DEPARTMENT OF THE TREASURY                      INTERNAL REVENUE SERVICE                       OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 5/28/20  <b>Last 4 digits of account number:</b> 8650</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$15,550.86	\$15,550.86
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.45	<p><b>Priority creditor's name and address</b>                      DEPARTMENT OF THE TREASURY                      INTERNAL REVENUE SERVICE                       OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 4/29/20  <b>Last 4 digits of account number:</b> 8650</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$15,797.38	\$15,797.38
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.46	<p><b>Priority creditor's name and address</b>                      DEPARTMENT OF THE TREASURY                      INTERNAL REVENUE SERVICE                       OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 6/12/20  <b>Last 4 digits of account number:</b> 8650</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$15,834.61	\$15,834.61
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.47	<p><b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 5/7/20 <b>Last 4 digits of account number:</b> 8650</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$17,857.11	\$17,857.11
<p><b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.48	<p><b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 4/14/20 <b>Last 4 digits of account number:</b> 8650</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$17,864.03	\$17,864.03
<p><b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.49	<p><b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 5/21/20 <b>Last 4 digits of account number:</b> 8650</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$18,897.03	\$18,897.03
<p><b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.50	<p><b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 7/2/20 <b>Last 4 digits of account number:</b> 8650</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$20,287.91	\$20,287.91
<p><b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.51	<p><b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005</p> <p><b>Date or dates debt was incurred:</b> 6/18/20 <b>Last 4 digits of account number:</b> 8650</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)</p>	\$21,193.34	\$21,193.34
<p><b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.52	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 6/4/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$21,298.53	\$21,298.53
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.53	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 4/23/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$21,545.94	\$21,545.94
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.54	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 8/27/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$24,135.78	\$24,135.78
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.55	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 9/10/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$25,263.40	\$25,263.40
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.56	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 9/24/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$26,805.04	\$26,805.04
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.57	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 11/19/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$27,131.21	\$27,131.21
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.58	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 10/8/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$27,235.59	\$27,235.59
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.59	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 12/17/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$27,380.83	\$27,380.83
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.60	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 12/3/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$27,646.92	\$27,646.92
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.61	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 10/22/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$27,670.43	\$27,670.43
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.62	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 11/5/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$28,463.59	\$28,463.59
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.63	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 4/9/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$31,239.35	\$31,239.35
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.64	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 8/13/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$38,820.92	\$38,820.92
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.65	<b>Priority creditor's name and address</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  OGDEN, UT 84201-0005  Date or dates debt was incurred: 7/30/20 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$41,881.93	\$41,881.93
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> CARES ACT Payroll Tax Deferral  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.66	<b>Priority creditor's name and address</b> DOPH, DAMON ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5667  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$2,158.50	\$2,158.50
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.67	<b>Priority creditor's name and address</b> DOZARK, PAYTON ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5574  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,228.90	\$5,228.90
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.68	<b>Priority creditor's name and address</b> ELDERS, AARON ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 4049  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$26,743.19	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.69	<b>Priority creditor's name and address</b> EM, LIM ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5648  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$4,897.94	\$4,897.94
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.70	<b>Priority creditor's name and address</b> ERICKSON, EDWARD J ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 7016  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$12,486.09	\$12,486.09
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.71	<b>Priority creditor's name and address</b> ERICKSON, JUDITH ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 8559  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$7,571.14	\$7,571.14
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.72	<b>Priority creditor's name and address</b> ESPINOSA, GERWIN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5369  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,513.22	\$6,513.22
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.73	<b>Priority creditor's name and address</b> FALLIGAN, TERRENCE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5550  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,472.29	\$5,472.29
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.74	<b>Priority creditor's name and address</b> FAYLONA, RAFAEL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5655  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,864.72	\$6,864.72
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.75	<b>Priority creditor's name and address</b> FEDERAL UNEMPLOYMENT TAX LIABILITY U.S. DEPARTMENT OF LABOR 200 CONSTITUTION AVE NW WASHINGTON, DC 20210  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$53.35	\$53.35
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Unemployment  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.76	<b>Priority creditor's name and address</b> FENIN, DENNIS ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5442  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$7,149.02	\$7,149.02
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.77	<b>Priority creditor's name and address</b> FENIN, TIMOFEY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5551  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,751.43	\$3,751.43
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.78	<b>Priority creditor's name and address</b> FENIN, VIKTOR ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5429  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,111.62	\$6,111.62
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.79	<b>Priority creditor's name and address</b> FISHER, STEVEN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5341  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$4,489.31	\$4,489.31
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.80	<b>Priority creditor's name and address</b> GORDIYCHENKO, ALEKSEY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5568  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$8,103.16	\$8,103.16
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.81	<b>Priority creditor's name and address</b> GREENE, JASON ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5486  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,242.47	\$5,242.47
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.82	<b>Priority creditor's name and address</b> GRIFFITHS, JOHN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5338  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,801.09	\$3,801.09
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.83	<b>Priority creditor's name and address</b> GROOTHUIS, KORBYN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5652  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,181.77	\$3,181.77
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.84	<b>Priority creditor's name and address</b> GUERREIRO, JACQUES ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2719  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$7,431.83	\$7,431.83
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.85	<b>Priority creditor's name and address</b> GUSS, EARL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2605  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$7,876.15	\$7,876.15
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.86	<b>Priority creditor's name and address</b> HAMMOND, LANCE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2981  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,442.33	\$6,442.33
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.87	<b>Priority creditor's name and address</b> HANSON, TERALD ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5608  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,923.17	\$3,923.17
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.88	<b>Priority creditor's name and address</b> HAVEN, WILLIAM ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5715  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,123.22	\$3,123.22
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.89	<b>Priority creditor's name and address</b> HEIN, MIKE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1603  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$40,623.66	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.90	<b>Priority creditor's name and address</b> HENRIKSEN, MARTIN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2162  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$10,093.66	\$10,093.66
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.91	<b>Priority creditor's name and address</b> HERNANDEZ, JORGE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2638  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$8,395.61	\$8,395.61
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.92	<b>Priority creditor's name and address</b> HERRICK, KATHY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5526  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$12,928.36	\$12,928.36
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.93	<b>Priority creditor's name and address</b> HIGGINS, BRUCE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 3960  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$12,915.58	\$12,915.58
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.94	<b>Priority creditor's name and address</b> HINDERMAN, MATTHEW ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 4036  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$13,260.20	\$13,260.20
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.95	<b>Priority creditor's name and address</b> HINES, CURTIS ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 892  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$8,487.37	\$8,487.37
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.96	<b>Priority creditor's name and address</b> HOANG, COSIMO ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5533  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,106.93	\$3,106.93
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.97	<b>Priority creditor's name and address</b> HODGES, BILL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5705  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$11,758.99	\$11,758.99
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.98	<b>Priority creditor's name and address</b> HOLLOWAY, BRIAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5611  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$2,890.62	\$2,890.62
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.99	<b>Priority creditor's name and address</b> HOLTER, RODNEY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 6200  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$84,789.37	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.100	<b>Priority creditor's name and address</b> HUBBARD, STEPHEN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5690  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$31,383.44	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.101	<b>Priority creditor's name and address</b> HUCKABAY, GLENN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5372  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,889.96	\$5,889.96
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.102	<b>Priority creditor's name and address</b> HUNT, DONOVAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5528  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,388.28	\$3,388.28
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.103	<b>Priority creditor's name and address</b> HUNT, KENNETH ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2509  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$9,610.71	\$9,610.71
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.104	<b>Priority creditor's name and address</b> HYER, MARK ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 416  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$10,061.74	\$10,061.74
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.105	<b>Priority creditor's name and address</b> IMRIE, RACHEAL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5737  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$4,709.39	\$4,709.39
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.106	<b>Priority creditor's name and address</b> JAHNKE, JENNIFER ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 6250  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,520.85	\$3,520.85
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.107	<b>Priority creditor's name and address</b> JANKOWSKI, RICHARD ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2622  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$10,418.09	\$10,418.09
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.108	<b>Priority creditor's name and address</b> JENSEN, MICHAEL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1940  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,043.77	\$5,043.77
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.109	<b>Priority creditor's name and address</b> JOHANSEN, ROBERT ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 7026  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$15,201.75	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.110	<b>Priority creditor's name and address</b> JONES, ALEXANDER ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5656  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$27,803.54	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.111	<b>Priority creditor's name and address</b> JOVEN, REYNALDO ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2066  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$10,909.38	\$10,909.38
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.112	<b>Priority creditor's name and address</b> KAGAN, MIKHAIL B ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2496  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$11,249.83	\$11,249.83
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.113	<b>Priority creditor's name and address</b> KAUR, SURINDER ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5559  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$7,636.91	\$7,636.91
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.114	<b>Priority creditor's name and address</b> KELLY, RICHARD ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5569  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,751.47	\$3,751.47
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.115	<b>Priority creditor's name and address</b> KING, DAVID ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5183  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$21,005.53	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.116	<b>Priority creditor's name and address</b> KLEIN, KEVIN T ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2353  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$8,790.85	\$8,790.85
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.117	<b>Priority creditor's name and address</b> KON, MICHAEL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5186  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,031.25	\$3,031.25
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.118	<b>Priority creditor's name and address</b> KUZYUBERDIN, RUSLAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5405  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,314.62	\$3,314.62
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.119	<b>Priority creditor's name and address</b> LARSEN, MARK ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5445  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$7,389.18	\$7,389.18
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.120	<b>Priority creditor's name and address</b> LARSON, KEVIN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5306  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$35,474.63	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.121	<b>Priority creditor's name and address</b> LEONARD, DANIEL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5713  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$10,885.24	\$10,885.24
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.122	<b>Priority creditor's name and address</b> LEPESHA, NIKOLAY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5631  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,389.68	\$5,389.68
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.123	<b>Priority creditor's name and address</b> LESLIE, DAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2003  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,669.17	\$6,669.17
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.124	<b>Priority creditor's name and address</b> LEWIS, GARY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1411  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$18,725.31	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.125	<b>Priority creditor's name and address</b> LIBERTY, BRIAN T ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 420302  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$34,107.46	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.126	<b>Priority creditor's name and address</b> LYMAN, ROBERT ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 365  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$8,957.91	\$8,957.91
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.127	<b>Priority creditor's name and address</b> MA, LAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5605  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$46,811.65	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.128	<b>Priority creditor's name and address</b> MADISON, TIM ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1406  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$23,763.40	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.129	<b>Priority creditor's name and address</b> MCCLELLAND, KENNETH ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2952  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$7,457.24	\$7,457.24
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.130	<b>Priority creditor's name and address</b> MCGILLIVRAY, GARY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 7032  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,722.02	\$5,722.02
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.131	<b>Priority creditor's name and address</b> MCKINNEY, NATHAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5534  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$4,672.56	\$4,672.56
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.132	<b>Priority creditor's name and address</b> MEDALIA, MARCO ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5703  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,563.44	\$5,563.44
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.133	<b>Priority creditor's name and address</b> MEDICARE TAX LIABILITY MEDICARE CONTACT CENTER OPERATIONS PO BOX 1270 LAWRENCE, KS 66044  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$29,664.92	\$29,664.92
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Medicare  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.134	<b>Priority creditor's name and address</b> MERRIAM, TROY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5336  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$14,758.88	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.135	<b>Priority creditor's name and address</b> MEYER, ROBERT L ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 932  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$37,817.99	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.136	<b>Priority creditor's name and address</b> MEYRING, TAYLOR ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5416  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,021.38	\$6,021.38
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.137	<p><b>Priority creditor's name and address</b>                      MILIAN, GUSTAVO                      ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred:</b> 4/5/21  <b>Last 4 digits of account number:</b> 5716  <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(4)</p>	<u>\$10,663.80</u>	<u>\$10,663.80</u>
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.138	<p><b>Priority creditor's name and address</b>                      MILLER, CHARLES M                      ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred:</b> 4/5/21  <b>Last 4 digits of account number:</b> 5187  <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(4)</p>	<u>\$8,147.32</u>	<u>\$8,147.32</u>
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.139	<p><b>Priority creditor's name and address</b>                      MOCHAN, GARY                      ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred:</b> 4/5/21  <b>Last 4 digits of account number:</b> 2896  <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(4)</p>	<u>\$1,258.40</u>	<u>\$1,258.40</u>
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.140	<p><b>Priority creditor's name and address</b>                      MOEN, JUSTIN                      ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred:</b> 4/5/21  <b>Last 4 digits of account number:</b> 5427  <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(4)</p>	<u>\$8,031.94</u>	<u>\$8,031.94</u>
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
2.141	<p><b>Priority creditor's name and address</b>                      MOREHOUSE, BRENDAN                      ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred:</b> 4/5/21  <b>Last 4 digits of account number:</b> 483  <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(4)</p>	<u>\$38,357.52</u>	<u>\$13,650.00</u>
<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.142	<b>Priority creditor's name and address</b> MORRISON, KRISTIE L ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 7036  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$35,496.86	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.143	<b>Priority creditor's name and address</b> MUNRO, CHARLES E ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1966  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$14,024.66	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.144	<b>Priority creditor's name and address</b> MYERS, STORMIE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5989  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$28,962.66	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.145	<b>Priority creditor's name and address</b> NEIL, TERRY A ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 9054  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$44,842.25	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.146	<b>Priority creditor's name and address</b> NELSON, WILLIAM A ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5182  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$12,930.46	\$12,930.46
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.147	<b>Priority creditor's name and address</b> NGUYEN, QUANG N ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 529740  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$9,060.25	\$9,060.25
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.148	<b>Priority creditor's name and address</b> NGUYEN, Y ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5532  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,761.88	\$6,761.88
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.149	<b>Priority creditor's name and address</b> NORN, VANDA ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5340  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$4,692.36	\$4,692.36
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.150	<b>Priority creditor's name and address</b> NORTON, NORMAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5435  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,858.05	\$3,858.05
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.151	<b>Priority creditor's name and address</b> OLATUNJI, CHRISTINE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2506  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$10,194.53	\$10,194.53
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.152	<b>Priority creditor's name and address</b> PADRON, NICHOLAS ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5476  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,277.42	\$3,277.42
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.153	<b>Priority creditor's name and address</b> PETRIE, SHERRI ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5746  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$20,899.10	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.154	<b>Priority creditor's name and address</b> PHAM, VAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 441  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$15,528.25	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.155	<b>Priority creditor's name and address</b> PLANTE, PAUL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 7046  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$10,336.75	\$10,336.75
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.156	<b>Priority creditor's name and address</b> POOR, DAVID ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2803  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,379.43	\$5,379.43
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.157	<b>Priority creditor's name and address</b> RAPANAN, ARNOLD ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5494  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$8,152.95	\$8,152.95
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.158	<b>Priority creditor's name and address</b> READ, REBECCA ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 6246  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$8,502.98	\$8,502.98
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.159	<b>Priority creditor's name and address</b> RILEY, DAVID A ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1421  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$9,248.90	\$9,248.90
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.160	<b>Priority creditor's name and address</b> ROCHON, KAITLYN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5750  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$15,433.04	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.161	<b>Priority creditor's name and address</b> ROGERS, DANNY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5177  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$9,532.89	\$9,532.89
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.162	<b>Priority creditor's name and address</b> ROGERS, JOHN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5531  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$4,817.50	\$4,817.50
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.163	<b>Priority creditor's name and address</b> ROSENJACK, RICHARD ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5912  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$73,421.15	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.164	<b>Priority creditor's name and address</b> RUDISILL, KENNETH ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 234  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$20,780.07	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.165	<b>Priority creditor's name and address</b> SAID, SULTAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2920  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$24,562.56	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.166	<b>Priority creditor's name and address</b> SAIYAN, SHANE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5572  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,357.96	\$6,357.96
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.167	<b>Priority creditor's name and address</b> SANCHEZ, JOSUE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5579  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$4,281.28	\$4,281.28
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.168	<b>Priority creditor's name and address</b> SANDERS, MICHAEL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 6212  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$16,763.36	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.169	<b>Priority creditor's name and address</b> SCHIEFELBEIN, AARON ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5580  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$1,626.20	\$1,626.20
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.170	<b>Priority creditor's name and address</b> SCHILLING, CRAIG ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5679  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$14,566.54	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.171	<b>Priority creditor's name and address</b> SCHMELZER, TRAVIS ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5455  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,322.39	\$5,322.39
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.172	<b>Priority creditor's name and address</b> SCOTT, DANIEL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5696  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$1,250.00	\$1,250.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.173	<b>Priority creditor's name and address</b> SEAGRAVES, CHARLES ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5757  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,470.46	\$5,470.46
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.174	<b>Priority creditor's name and address</b> SERWOLD, ROBERT J ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 231  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$35,614.84	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.175	<b>Priority creditor's name and address</b> SEYOUM, MILLION ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2832  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$12,247.50	\$12,247.50
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.176	<b>Priority creditor's name and address</b> SHAW, SAMUEL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2665  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$13,600.02	\$13,600.02
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.177	<b>Priority creditor's name and address</b> SILVESTRE, MICHAEL ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5645  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$4,064.98	\$4,064.98
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.178	<b>Priority creditor's name and address</b> SMITH, COREY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5660  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,081.96	\$3,081.96
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.179	<b>Priority creditor's name and address</b> SOCIAL SECURITY TAX LIABILITY SOCIAL SECURITY ADMINISTRATION 1100 WEST HIGH RISE 6401 SECURITY BLVD. BALTIMORE, MD 21235  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 8650  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$126,843.10	\$126,843.10
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Social Security  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.180	<b>Priority creditor's name and address</b> SREY, VISITH ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5565  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,634.42	\$5,634.42
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.181	<b>Priority creditor's name and address</b> STEELE, JOSH ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5362  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$16,593.07	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.182	<b>Priority creditor's name and address</b> STRAIN, COLIN D ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1680  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$17,743.17	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.183	<b>Priority creditor's name and address</b> STULLER, MICHAEL E ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1330  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$17,004.74	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.184	<b>Priority creditor's name and address</b> SYLTE, JUSTIN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5628  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,297.41	\$3,297.41
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.185	<b>Priority creditor's name and address</b> TADEO, BERNABE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2507  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$14,917.37	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.186	<b>Priority creditor's name and address</b> TALIK, LISA ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5707  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$824.00	\$824.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.187	<b>Priority creditor's name and address</b> TAYLOR, TROY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5709  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$16,558.96	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.188	<b>Priority creditor's name and address</b> TERENZI, ALEXANDER ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2773  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$33,902.73	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.189	<b>Priority creditor's name and address</b> THAVIXAY, RICKY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5181  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$9,181.80	\$9,181.80
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.190	<b>Priority creditor's name and address</b> THOMAS, LANCE G ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2504  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$10,150.60	\$10,150.60
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.191	<b>Priority creditor's name and address</b> THWAITS, STEVEN D ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 157  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$47,655.99	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.192	<b>Priority creditor's name and address</b> TO, TUNG ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2788  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$8,102.31	\$8,102.31
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.193	<b>Priority creditor's name and address</b> TRAN, THUAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2543  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$13,330.31	\$13,330.31
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.194	<b>Priority creditor's name and address</b> TRAN, TRI ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5521  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,511.61	\$5,511.61
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.195	<b>Priority creditor's name and address</b> TYNAN, GREGG ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 2869  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,894.60	\$6,894.60
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.196	<b>Priority creditor's name and address</b> UNEMPLOYMENT KANSAS TAX LIABILITY KANSAS UNEMPLOYMENT CONTACT CENTER P.O. BOX 3539 TOPEKA, KS 66601  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 3106  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$250.80	\$250.80
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Unemployment  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.197	<b>Priority creditor's name and address</b> UNEMPLOYMENT WASHINGTON TAX LIABILITY AGENCY RECORDS CENTER P.O. BOX 9555 OLYMPIA, WA 98507  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 6945  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(8)	\$15,117.23	\$15,117.23
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Unemployment  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.198	<b>Priority creditor's name and address</b> WAGGONER, SHANE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5856  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$16,007.77	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.199	<b>Priority creditor's name and address</b> WALLEN, WILLIAM H ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 191  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$31,319.88	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.200	<b>Priority creditor's name and address</b> WALSH, ANITA L ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 1297  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$7,527.53	\$7,527.53
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.201	<b>Priority creditor's name and address</b> WANGNER, GARY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5343  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,582.28	\$3,582.28
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.202	<b>Priority creditor's name and address</b> WARD, KENNETH ADDRESS ON FILE  <b>Date or dates debt was incurred:</b> 4/5/21 <b>Last 4 digits of account number:</b> 1196  <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(4)	\$9,806.48	\$9,806.48
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.203	<b>Priority creditor's name and address</b> WASHINGTON PAID FAMILY MEDICAL LEAVE LIABILITY AGENCY RECORDS CENTER P.O. BOX 9555 OLYMPIA, WA 98507  <b>Date or dates debt was incurred:</b> 4/5/21 <b>Last 4 digits of account number:</b> 6945  <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(8)	\$2,528.34	\$2,528.34
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Medical Leave  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.204	<b>Priority creditor's name and address</b> WHITE, BRIAN ADDRESS ON FILE  <b>Date or dates debt was incurred:</b> 4/5/21 <b>Last 4 digits of account number:</b> 2630  <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(4)	\$8,036.49	\$8,036.49
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.205	<b>Priority creditor's name and address</b> WHITE, STERLING ADDRESS ON FILE  <b>Date or dates debt was incurred:</b> 4/5/21 <b>Last 4 digits of account number:</b> 5593  <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(4)	\$57,606.27	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.206	<b>Priority creditor's name and address</b> WHITTAKER, MARK ADDRESS ON FILE  <b>Date or dates debt was incurred:</b> 4/5/21 <b>Last 4 digits of account number:</b> 93032  <b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(4)	\$21,895.57	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		Total Claim	Priority Amount
2.207	<b>Priority creditor's name and address</b> WIGGINS, JAMES ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 93039  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$25,642.37	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.208	<b>Priority creditor's name and address</b> WILDE, BRIAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 3019  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,046.51	\$6,046.51
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.209	<b>Priority creditor's name and address</b> WOLFORD, SUSAN ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5292  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$21,009.33	\$13,650.00
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.210	<b>Priority creditor's name and address</b> WOOD, KYLE ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5624  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$3,102.34	\$3,102.34
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.211	<b>Priority creditor's name and address</b> YALUNG, ROY ADDRESS ON FILE  Date or dates debt was incurred: 4/5/21 Last 4 digits of account number: 5644  Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$5,003.46	\$5,003.46
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 1: Additional Page**

	Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.	Total Claim	Priority Amount
2.212	<p><b>Priority creditor's name and address</b>                      YOST, JAMES                      ADDRESS ON FILE</p> <p><b>Date or dates debt was incurred:</b> 4/5/21</p> <p><b>Last 4 digits of account number:</b> 7068</p> <p><b>Specify Code subsection of Priority unsecured claim:</b> 11 U.S.C. § 507(a)(4)</p>	<u>\$8,785.55</u>	<u>\$8,785.55</u>
	<p><b>As of the petition filing date, the claim is:</b>                      Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the Claim:</b> Wages, Benefits, PTO, and Charitable Deductions</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		

**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**

**3.1 Nonpriority creditor's name and mailing address**

ABSOLUTE DIMENSIONS LLC  
Creditor Name

Creditor's Notice name

3838 W MAY STREET  
Address

WICHITA KS 67213  
City State ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 5,697.33

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**3.2 Nonpriority creditor's name and mailing address**

ACCURATE BUSHING COMPANY  
Creditor Name

Creditor's Notice name

443 NORTH AVE  
Address

GARWOOD NJ 07027-1097  
City State ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 2,914.71

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.3 Nonpriority creditor's name and mailing address

ADEPT FASTENERS

Creditor Name

Creditor's Notice name

PO BOX 579

Address

SANTA CLARITA CA 91310

City State ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account number

As of the petition filing date, the claim is: \$ 6,980.75

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Trade

3.4 Nonpriority creditor's name and mailing address

AERO METAL FINISHING

Creditor Name

Creditor's Notice name

2150 NORTH LARK INDUSTRIAL DRIVE

Address

FENTON MO 63026

City State ZIP Code

Country

Date or dates debt was incurred

3/6/2021

Last 4 digits of account number

As of the petition filing date, the claim is: \$ 1,560.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Trade

Is the claim subject to offset?

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.5 Nonpriority creditor's name and mailing address

AERO-MAC INC

Creditor Name

Creditor's Notice name

4602 CHENNAULT BCH RD

Address

BLDG D UNIT 1

MUKILTEO

WA

98275

City

State

ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 353.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Trade

3.6 Nonpriority creditor's name and mailing address

AEROMET INTERNATIONAL PLC

Creditor Name

Creditor's Notice name

COSGROVE CLOSE

Address

BLACKPOLE

WORCESTER

WR3 8UA

City

State

ZIP Code

UNITED KINGDOM

Country

Date or dates debt was incurred

Various

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 36,721.34

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Trade

Is the claim subject to offset?

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.7 Nonpriority creditor's name and mailing address

AETNA

Creditor Name

Creditor's Notice name

Wire payment

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

4/2/2021

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 18,882.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Trade

3.8 Nonpriority creditor's name and mailing address

AIRGAS DRY ICE

Creditor Name

Creditor's Notice name

P.O. BOX 951873

Address

DALLAS

TX

75395-1873

City

State

ZIP Code

Country

Date or dates debt was incurred

3/15/2021

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 103.44

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Trade

Is the claim subject to offset?

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.9 Nonpriority creditor's name and mailing address

AIRGAS USA LLC

Creditor Name

Creditor's Notice name

PO BOX 7423

Address

PASADENA

CA

91109-7423

City

State

ZIP Code

Country

Date or dates debt was incurred

3/22/2021

Last 4 digits of account number

As of the petition filing date, the claim is: \$ 108.05

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Trade

Is the claim subject to offset?

No

Yes

3.10 Nonpriority creditor's name and mailing address

AIR-OIL PRODUCTS CORP

Creditor Name

Creditor's Notice name

301 30TH STREET NE

Address

SUITE 112

AUBURN

WA

98002

City

State

ZIP Code

Country

Date or dates debt was incurred

3/8/2021

Last 4 digits of account number

As of the petition filing date, the claim is: \$ 24,096.40

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Trade

Is the claim subject to offset?

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.11 **Nonpriority creditor's name and mailing address**

AIR-SEA FORWARDERS INC

Creditor Name

Creditor's Notice name

P.O. BOX 90637

Address

LOS ANGELES

CA

90009

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 450.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.12 **Nonpriority creditor's name and mailing address**

AMERICAN EXPRESS

Creditor Name

Creditor's Notice name

CPC REMITTANCE PROCESSING

Address

1801 NW 66TH AVE STE 103C

PLANTATION

FL

33313-4571

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/30/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 14,970.08

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.13 Nonpriority creditor's name and mailing address

AMJTC

Creditor Name

Creditor's Notice name

ATTN: ADMIN SERVICES

Address

P.O. BOX 80727

SEATTLE

WA

98108

City

State

ZIP Code

Country

Date or dates debt was incurred

3/26/2021

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 1,381.19

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Trade

3.14 Nonpriority creditor's name and mailing address

ANODIZING & PAINT TNM INC

Creditor Name

Creditor's Notice name

21, CHEMIN DE L'AVIATION

Address

POINTE-CLAIR

QC

H9R 4Z2

City

State

ZIP Code

CANADA

Country

Date or dates debt was incurred

3/19/2021

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 309.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Trade

Is the claim subject to offset?

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.15 **Nonpriority creditor's name and mailing address**

ANOTEK ANODIZING INC.

Creditor Name

Creditor's Notice name

19483 FRASER WAY

Address

PITT MEADOWS

BC

V3Y2V4

City

State

ZIP Code

CANADA

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

As of the petition filing date, the claim is: \$ 1,995.50

Check all that apply.

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.16 **Nonpriority creditor's name and mailing address**

APPLIED AERO SYSTEMS, LLC

Creditor Name

Creditor's Notice name

10727 47TH PLACE WEST

Address

MUKILTEO

WA

98275

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

As of the petition filing date, the claim is: \$ 21,542.18

Check all that apply.

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.17 **Nonpriority creditor's name and mailing address**

ARAMARK UNIFORM SERVICES

Creditor Name

Creditor's Notice name

AUS WEST LOCKBOX

Address

PO BOX 101179

PASADENA

CA

91189-0005

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 1,075.62

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.18 **Nonpriority creditor's name and mailing address**

ARCONIC FASTENING SYSTEMS AND RINGS

Creditor Name

Creditor's Notice name

7336 SOLUTIONS CENTER

Address

CHICAGO

IL

60677-7003

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 9,576.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.19 **Nonpriority creditor's name and mailing address**

ART BRASS AEROSPACE

Creditor Name

Creditor's Notice name

313 SO. FINDLAY STREET

Address

SEATTLE

WA

98108

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 18,416.80

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.20 **Nonpriority creditor's name and mailing address**

ASKO PROCESSING INC

Creditor Name

Creditor's Notice name

434 NORTH 35TH STREET

Address

SEATTLE

WA

98103

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 15,648.24

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.21 **Nonpriority creditor's name and mailing address**

ASSOCIATED MACHINE & FABRICATION

Creditor Name

Creditor's Notice name

14205 SE 36TH STREET

Address

Suite 100

BELLEVUE

WA

98006

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 12,826.75

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.22 **Nonpriority creditor's name and mailing address**

ASW GROUP RETRO

Creditor Name

Creditor's Notice name

P.O. BOX 20309

Address

SEATTLE

WA

98102-1309

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/22/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 4,614.42

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.23 **Nonpriority creditor's name and mailing address**

AT&T MOBILITY - 835207973

Creditor Name

Creditor's Notice name

PO BOX 6463

Address

CAROL STREAM IL 60197-6463

City State ZIP Code

Country

**Date or dates debt was incurred**

3/19/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 39.55

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.24 **Nonpriority creditor's name and mailing address**

AUTOMATION PLUS, INC.

Creditor Name

Creditor's Notice name

3409 W. HARRY ST.

Address

WICHITA KS 67213-1407

City State ZIP Code

Country

**Date or dates debt was incurred**

2/5/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 187.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.25 **Nonpriority creditor's name and mailing address**

BAY CITY SUPPLY

Creditor Name

Creditor's Notice name

PO BOX 2073

Address

BELLINGHAM

WASHINGTON

98229

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 3,684.88

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.26 **Nonpriority creditor's name and mailing address**

BEARING BRONZE LIMITED

Creditor Name

Creditor's Notice name

360 SHELDON DRIVE

Address

CAMBRIDGE

ON

N1T 1A9

City

State

ZIP Code

CANADA

Country

**Date or dates debt was incurred**

3/15/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 624.65

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.27 **Nonpriority creditor's name and mailing address**

BETTER ENGINEERING MFG. INC.

Creditor Name

Creditor's Notice name

8361 TOWNCENTER COURT

Address

BALTIMORE

MD

21236-4964

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/18/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 205.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.28 **Nonpriority creditor's name and mailing address**

BISCO INDUSTRIES INC

Creditor Name

Creditor's Notice name

DBA NATIONAL PRECISION

Address

PO BOX 68062

ANAHEIM

CA

92817

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 2,223.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.29 **Nonpriority creditor's name and mailing address**

BLACKHAWK INDUSTRIAL

Creditor Name

Creditor's Notice name

BLACKHAWK INDUSTRIAL DISTRIBUTION INC.

Address

DEPT#5097

P.O. BOX 219081

KANSAS CITY MO 64121-5097

City State ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 110,952.38

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.30 **Nonpriority creditor's name and mailing address**

BOEING ACCOMODATION SALES

Creditor Name

Creditor's Notice name

P.O. BOX #277851

Address

ATLANTA GA 30384-7851

City State ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 124,071.49

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Materials Purchased

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.31 **Nonpriority creditor's name and mailing address**

BOEING C/O TMX AEROSPACE

Creditor Name

Creditor's Notice name

P.O. BOX 277851

Address

ATLANTA

GA

30384-7851

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 827,352.27

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Materials Purchased

3.32 **Nonpriority creditor's name and mailing address**

BOEING DISTRIBUTION SERVICES INC.

Creditor Name

Creditor's Notice name

88289 EXPEDITE WAY

Address

CHICAGO

IL

60695-0001

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 91,296.09

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Materials Purchased

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.33 **Nonpriority creditor's name and mailing address**

BRALCO METALS #73

Creditor Name

Creditor's Notice name

FILE 749161

Address

LOS ANGELES CA 90074-9161

City State ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 6,424.76

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.34 **Nonpriority creditor's name and mailing address**

Carey Bond

Creditor Name

Creditor's Notice name

Address on File

Address

City State ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 73,291.42

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Director's Fees

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.35 **Nonpriority creditor's name and mailing address**

CARLSON TOOL & MFG. CORP.

Creditor Name

Creditor's Notice name

BIN 88362

Address

MILWAUKEE

WI

53288-0362

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

As of the petition filing date, the claim is: \$ 1,232.00

Check all that apply.

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.36 **Nonpriority creditor's name and mailing address**

CARLTON FORGE WORKS

Creditor Name

Creditor's Notice name

PO BOX 101992

Address

PASADENA

CA

91189-1992

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/22/2021

**Last 4 digits of account number**

number

As of the petition filing date, the claim is: \$ 11,232.00

Check all that apply.

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.37 **Nonpriority creditor's name and mailing address**

CASCADE ENGINEERING SERVICES INC.

Creditor Name

Creditor's Notice name

FBO SALLYPORT COMMERCIAL FINANCIAL, LLC

Address

PO BOX 4776, #100

HOUSTON

TX

77210-4776

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 5,309.98

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.38 **Nonpriority creditor's name and mailing address**

CCDI COMPOSITES

Creditor Name

Creditor's Notice name

1935 E. OCCIDENTAL STREET

Address

SANTA ANA

CA

92705

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/16/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 9,612.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.39 **Nonpriority creditor's name and mailing address**

CCT CONSTRUCTION INC

Creditor Name

Creditor's Notice name

13018 CANYON RD E.

Address

SUITE C

PUYALLUP

WA

98373

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 1,299.18

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.40 **Nonpriority creditor's name and mailing address**

CHECKMATE INDUSTRIES, INC.

Creditor Name

Creditor's Notice name

8810 - 147TH AVENUE NE

Address

GRANITE FALLS

WA

98252

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 375.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.41 **Nonpriority creditor's name and mailing address**

CHROME PLUS INTERNATIONAL

Creditor Name

Creditor's Notice name

P.O. BOX 845324

Address

DALLAS TX 75284-5324

City State ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 897.52

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.42 **Nonpriority creditor's name and mailing address**

CINTAS CORPORATION #460

Creditor Name

Creditor's Notice name

PO BOX 650838

Address

DALLAS TX 75265-0838

City State ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 1,360.10

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.43 **Nonpriority creditor's name and mailing address**

CLARK HILL, PLC

Creditor Name

Creditor's Notice name

PO BOX 3760

Address

PITTSBURGH

PA

15230

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/19/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 7,000.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.44 **Nonpriority creditor's name and mailing address**

CNC SERVICE & MAINTENANCE

Creditor Name

Creditor's Notice name

22609 73rd PLACE WEST

Address

MT.LAKE  
TERRACE

WA

98043

City

State

ZIP Code

Country

**Date or dates debt was incurred**

10/20/2020

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 90.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.45 **Nonpriority creditor's name and mailing address**

COBALT ENTERPRISES, LLC

Creditor Name

Creditor's Notice name

16410 - 84TH ST NE

Address

SUITE D PMB 315

LAKE STEVENS

WA

98258

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2020

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 5.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.46 **Nonpriority creditor's name and mailing address**

COLIN STRAIN

Creditor Name

Creditor's Notice name

250 W DOUGLAS AVE

Address

UNIT 1609

WICHITA

KS

67202

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 436.01

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.47 **Nonpriority creditor's name and mailing address**

Collins

Creditor Name

Creditor's Notice name

Four Coliseum Centre

Address

2730 West Tyvola Road

Charlotte

NC

28217

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:** \$ 200,000.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Payments to Vendors

3.48 **Nonpriority creditor's name and mailing address**

COMCAST

Creditor Name

Creditor's Notice name

PO BOX 37601

Address

PHILADELPHIA

PA

19101-0601

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:** \$ 3,001.47

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.49 **Nonpriority creditor's name and mailing address**

COMPONENT PRODUCTS CORP

Creditor Name

Creditor's Notice name

11623 CYRUS WAY

Address

MUKILTEO

WA

98275

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 5,175.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.50 **Nonpriority creditor's name and mailing address**

CONSOLIDATED FOUNDRIES INC

Creditor Name

Creditor's Notice name

Cast Parts, Inc

Address

P O BOX 933170

CLEVELAND

OH

44193

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 27,744.75

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.51 **Nonpriority creditor's name and mailing address**

COX COMMUNICATIONS

Creditor Name

Creditor's Notice name

PO BOX 248871

Address

OKLAHOMA CITY OK 73124-8871

City State ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 1,279.62

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.52 **Nonpriority creditor's name and mailing address**

Cox Machine Inc

Creditor Name

Creditor's Notice name

5338 West 21st Street N

Address

Suite 100

WICHITA KS 67205

City State ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 19,741.14

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.53 **Nonpriority creditor's name and mailing address**

CPP - AZUSA

Creditor Name

Creditor's Notice name

P.O. BOX 933164

Address

CLEVELAND

OH

44193

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 138,293.22

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.54 **Nonpriority creditor's name and mailing address**

CPP - PORT HUENEME

Creditor Name

Creditor's Notice name

PO BOX 933162

Address

CLEVELAND

OH

44193

City

State

ZIP Code

Country

**Date or dates debt was incurred**

10/1/2020

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 34,261.93

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.55 **Nonpriority creditor's name and mailing address**

CRATE TECH INC

Creditor Name

Creditor's Notice name

2582 MOMENTUM PLACE

Address

CHICAGO

IL

60689-5325

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/12/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 950.68

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.56 **Nonpriority creditor's name and mailing address**

CUTTING SPECIALISTS

Creditor Name

Creditor's Notice name

6400 S 143RD PL

Address

TUKWILA

WA

98168

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 384.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.57 **Nonpriority creditor's name and mailing address**

CYGNUS INC

Creditor Name

Creditor's Notice name

PO BOX 466

Address

PONDERAY

ID

83852-0466

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 27,190.78

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.58 **Nonpriority creditor's name and mailing address**

DIEFORM LLC

Creditor Name

Creditor's Notice name

PO BOX 27338

Address

ANAHEIM

CA

92809

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 12,950.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.59 **Nonpriority creditor's name and mailing address**

DIGITAL OFFICE SYSTEMS

Creditor Name

Creditor's Notice name

530 S. HYDRAULIC

Address

WICHITA

KS

67211

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/1/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 38.56

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.60 **Nonpriority creditor's name and mailing address**

DP TECHNOLOGY CORP.

Creditor Name

Creditor's Notice name

1150 AVENIDA ACASO

Address

CAMARILLO

CA

93012

City

State

ZIP Code

Country

**Date or dates debt was incurred**

1/7/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 4,512.50

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.61 **Nonpriority creditor's name and mailing address**

ECOLIGHTS NORTHWEST LLC

Creditor Name

Creditor's Notice name

7021 S 220TH ST

Address

KENT

WA

98032

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 206.70

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.62 **Nonpriority creditor's name and mailing address**

EMBEE PROCESSING, LLC.

Creditor Name

Creditor's Notice name

P.O. BOX 102540

Address

PASADENA

CA

91189-2540

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 9,178.61

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.63 **Nonpriority creditor's name and mailing address**

ENVIRO PROPANE INC.

Creditor Name

Creditor's Notice name

P.O. BOX 171

Address

ARLINGTON

WA

98223

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/5/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 302.53

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.64 **Nonpriority creditor's name and mailing address**

E-WASTE, LLC

Creditor Name

Creditor's Notice name

12424 BEVERLY PARK ROAD

Address

SUITE A4

LYNNWOOD

WA

98087

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 1,354.80

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.65 **Nonpriority creditor's name and mailing address**

EXACTA AEROSPACE, INC.

Creditor Name

Creditor's Notice name

PO BOX 733662

Address

DALLAS

TX

75303-3641

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:** \$ 217.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.66 **Nonpriority creditor's name and mailing address**

EXOTIC TOOL WELDING

Creditor Name

Creditor's Notice name

2909 SEAWAY BLVD SUITE B

Address

EVERETT

WA

98203

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:** \$ 3,385.20

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.67 **Nonpriority creditor's name and mailing address**

FIRE CHIEF EQUIPMENT

Creditor Name

Creditor's Notice name

14214 NE 21ST STREET

Address

BELLEVUE

WA

98007

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 674.76

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.68 **Nonpriority creditor's name and mailing address**

FIVE AXIS INDUSTRIES

Creditor Name

Creditor's Notice name

3705 166TH PLACE NE

Address

ARLINGTON

WA

98223

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 91,875.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.69 **Nonpriority creditor's name and mailing address**

FOREST CITY GEAR CO., INC.

Creditor Name

Creditor's Notice name

11715 MAIN STREET

Address

ROSCOE

IL

61073

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 3,763.20

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.70 **Nonpriority creditor's name and mailing address**

FUCHS LUBRICANTS CANADA LTD

Creditor Name

Creditor's Notice name

PO BOX 57595 STN A

Address

TORONTO

ON

M5W 5M5

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 6,572.46

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.71 **Nonpriority creditor's name and mailing address**

FUTURE METALS

Creditor Name

Creditor's Notice name

PO BOX 98667

Address

CHICAGO

IL

60693

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/24/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 20,180.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.72 **Nonpriority creditor's name and mailing address**

GALAXIE BUSINESS EQUIPMENT INC

Creditor Name

Creditor's Notice name

913 MAIN STREET

Address

WINFIELD

KS

67156

City

State

ZIP Code

Country

**Date or dates debt was incurred**

1/23/2019

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 58.05

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.73 **Nonpriority creditor's name and mailing address**

GALAXIE BUSINESS EQUIPMENT INC

Creditor Name

Creditor's Notice name

913 MAIN

Address

WINFIELD

KS

67156

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 1,005.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.74 **Nonpriority creditor's name and mailing address**

GB SYSTEMS INC

Creditor Name

Creditor's Notice name

7202 NE 175TH ST

Address

KENMORE

WA

98028

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 3,084.94

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.75 **Nonpriority creditor's name and mailing address**

GLOBAL MACHINE WORKS INC.

Creditor Name

Creditor's Notice name

19130 59TH DRIVE N.E.

Address

ARLINGTON

WA

98223

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 467,031.79

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.76 **Nonpriority creditor's name and mailing address**

GOSIGER WEST - FULLERTON

Creditor Name

Creditor's Notice name

PO BOX 712288

Address

CINCINNATI

OH

45271-2288

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/9/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 6,264.06

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.77 **Nonpriority creditor's name and mailing address**

GRAINGER INDUSTRIAL

Creditor Name

Creditor's Notice name

DEPT. 865929749

Address

PO BOX 419267

KANSAS CITY

MO

64141-6267

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/9/2020

**Last 4 digits of account number**

number

As of the petition filing date, the claim is: \$ 143.36

Check all that apply.

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.78 **Nonpriority creditor's name and mailing address**

GUY DEGREGG

Creditor Name

Creditor's Notice name

7815 UPPER RIDGE ROAD

Address

SNOHOMISH

WA

98203

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/10/2018

**Last 4 digits of account number**

number

As of the petition filing date, the claim is: \$ 21.80

Check all that apply.

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.79 **Nonpriority creditor's name and mailing address**

HERCULES HEAT TREATING CORP

Creditor Name

Creditor's Notice name

101-113 CLASSON AVE

Address

15800

BROOKLYN

NY

11205-1401

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

number

As of the petition filing date, the claim is: \$ 3,373.11

Check all that apply.

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.80 **Nonpriority creditor's name and mailing address**

HERMANSON COMPANY LLP

Creditor Name

Creditor's Notice name

1221 2ND AVENUE NORTH

Address

KENT

WA

98032

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account**

number

As of the petition filing date, the claim is: \$ 1,810.32

Check all that apply.

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.81 **Nonpriority creditor's name and mailing address**

HITEMCO, LLC.

Creditor Name

Creditor's Notice name

160 SWEET HOLLOW ROAD

Address

OLD BETHPAGE

NY

11804

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 28,445.59

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.82 **Nonpriority creditor's name and mailing address**

HOME DEPOT CREDIT SERVICES

Creditor Name

Creditor's Notice name

DEPT 32-2020094656

Address

PO BOX 9001030

LOUISVILLE

KY

40290-1030

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 356.33

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.83 **Nonpriority creditor's name and mailing address**

HONEYCUTT MANUFACTURING

Creditor Name

Creditor's Notice name

12402 EVERGREEN DRIVE

Address

MUKILTEO

WA

98275

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 132,696.93

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.84 **Nonpriority creditor's name and mailing address**

HQ MACHINE TECH, LLC

Creditor Name

Creditor's Notice name

6900 8TH STREET

Address

BUENA PARK

CA

90620

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 7,230.40

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.85 **Nonpriority creditor's name and mailing address**

HYTEK FINISHES CO

Creditor Name

Creditor's Notice name

PO BOX 31001-2754

Address

PASADENA

CA

91110-2754

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 386,357.32

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.86 **Nonpriority creditor's name and mailing address**

IMAGINETICS LLC

Creditor Name

Creditor's Notice name

DEPT U

Address

PO BOX 3577

SEATTLE

WA

98124-3577

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 7,800.74

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.87 **Nonpriority creditor's name and mailing address**

INGERSOLL CUTTING TOOL

Creditor Name

Creditor's Notice name

505 FULTON AVE

Address

ROCKFORD

IL

61103

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/18/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 1,466.65

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.88 **Nonpriority creditor's name and mailing address**

J.D. OTT COMPANY

Creditor Name

Creditor's Notice name

2244 - 6TH AVENUE SOUTH

Address

SEATTLE

WA

98134-2002

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 3,123.52

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.89 **Nonpriority creditor's name and mailing address**

J.THAYER COMPANY

Creditor Name

Creditor's Notice name

15802 SW UPPER BOONES FERRY RD

Address

LAKE OSWEGO OR 97035

City State ZIP Code

Country

**Date or dates debt was incurred**

1/20/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 1,432.34

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.90 **Nonpriority creditor's name and mailing address**

JC MANUFACTURING

Creditor Name

Creditor's Notice name

PO BOX 98488

Address

DES MOINES WA 98198

City State ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 38,015.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.91 **Nonpriority creditor's name and mailing address**

KAISER ALUMINUM ALEXCO LLC

Creditor Name

Creditor's Notice name

KAISER ALUMINUM FABRICATED PRODUCTS, LLC

Address

PO BOX 100203

PASADENA

CA

91189-0203

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 32,999.16

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.92 **Nonpriority creditor's name and mailing address**

KAMAN INDUSTRIAL TECHNOLOGIES

Creditor Name

Creditor's Notice name

PO BOX 74566

Address

CHICAGO

IL

60696-4566

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/15/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 62.52

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.93 **Nonpriority creditor's name and mailing address**

KAMATICS

Creditor Name

Creditor's Notice name

P.O. BOX 416778

Address

BOSTON

MA

02241-6778

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 46,631.05

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.94 **Nonpriority creditor's name and mailing address**

KANSAS GUN DRILLING INC

Creditor Name

Creditor's Notice name

1444 S. ST. CLAIR STREET

Address

BLDG B

WICHITA

KS

67213

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 2,200.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.95 **Nonpriority creditor's name and mailing address**

KAVLICO CORPORATION / SENSATA TECHNOLOGIES

Creditor Name

Creditor's Notice name

KAVLICO CORP DEPOSITORY ACCOUNT

Address

24729 NETWORK PLACE

CHICAGO

IL

60673-1247

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/10/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 78,324.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.96 **Nonpriority creditor's name and mailing address**

KISER MANUFACTURING, INC.

Creditor Name

Creditor's Notice name

PO BOX 315

Address

ARGONIA

KS

67004-0315

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 20,407.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.97 **Nonpriority creditor's name and mailing address**

LA FARGE & EGGE INC

Creditor Name

Creditor's Notice name

5820 188TH SW.

Address

LYNNWOOD

WA

98036

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/9/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 13,588.22

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.98 **Nonpriority creditor's name and mailing address**

LANDSBERG - SEATTLE

Creditor Name

Creditor's Notice name

PO BOX 101144

Address

PASADENA

CA

91189-1145

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/11/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 3,406.26

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.99 **Nonpriority creditor's name and mailing address**

LARKIN PRECISION LLC

Creditor Name

Creditor's Notice name

5810 S 194TH STREET

Address

KENT

WA

98032

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/26/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 1,456.25

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.100 **Nonpriority creditor's name and mailing address**

LEARNING TECHNOLOGIES GROUP INC

Creditor Name

Creditor's Notice name

ATTN: ACCOUNTING

Address

434 FAYETTEVILLE ST 9th FLOOR

RALEIGH

NC

27601

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 8,829.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.101 **Nonpriority creditor's name and mailing address**

LENSCRAFTERS, INC.

Creditor Name

Creditor's Notice name

BANK OF AMERICA LOCKBOX SERVICES

Address

14963 COLLECTIONS CTR.

CHICAGO

IL

60693

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/20/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 140.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.102 **Nonpriority creditor's name and mailing address**

LMI MACHINERY INC.

Creditor Name

Creditor's Notice name

970 INDUSTRY DRIVE

Address

TUKWILA

WA

98188

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/26/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 3,978.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.103 **Nonpriority creditor's name and mailing address**

LOGMEIN USA, INC

Creditor Name

Creditor's Notice name

PO BOX 50264

Address

LOS ANGELES

CA

90074-0264

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/11/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 1,488.37

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.104 **Nonpriority creditor's name and mailing address**

MAGELLAN AEROSPACE PROCESSING

Creditor Name

Creditor's Notice name

PO BOX 847020

Address

BOSTON

MA

02284-7020

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/26/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 20,015.17

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.105 **Nonpriority creditor's name and mailing address**

MAGNESIUM ALLOY PRODUCTS CO.

Creditor Name

Creditor's Notice name

2420 N. ALAMEDA STREET

Address

P.O. BOX 4668

COMPTON

CA

90224

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 16,560.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.106 **Nonpriority creditor's name and mailing address**

MAKINO INC

Creditor Name

Creditor's Notice name

DEPT CH 16443

Address

PALATINE

IL

60055-6443

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/15/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 130.97

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.107 **Nonpriority creditor's name and mailing address**

MANHATTAN CONSULTANTS, INC.

Creditor Name

Creditor's Notice name

6330 BROCKWAY ROAD

Address

THOMPSON

OH

44086

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/19/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 3,550.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.108 **Nonpriority creditor's name and mailing address**

MAPSCO

Creditor Name

Creditor's Notice name

TCFI CP LLC

Address

P.O. BOX 845324

DALLAS

TX

75284-5324

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 45,567.97

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.109 **Nonpriority creditor's name and mailing address**

MAYDAY MANUFACTURING

Creditor Name

Creditor's Notice name

3100 JIM CRISTAL ROAD

Address

DENTON

TX

76207

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 3,394.30

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.110 **Nonpriority creditor's name and mailing address**

MCMASTER-CARR SUPPLY CO

Creditor Name

Creditor's Notice name

PO BOX 7690

Address

CHICAGO

IL

60680-7690

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 142.20

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.111 **Nonpriority creditor's name and mailing address**

Mecadaq Tarnos

Creditor Name

Creditor's Notice name

Fleeson, Goosing, Coulson & Kitch LLC

Address

David G Seely

301 N Main, Suite 1900

Wichita

KS

67202

City

State

ZIP Code

Country

**Date or dates debt was incurred**

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ Undetermined

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Litigation

**Is the claim subject to offset?**

No

Yes

3.112 **Nonpriority creditor's name and mailing address**

MECANIQUE D'AQUITAINE

Creditor Name

Creditor's Notice name

POLE TECHNOLOGIQUE JEAN BERTIN

Address

TARNOS

40220

City

State

ZIP Code

FRANCE

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 62,648.92

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.113 **Nonpriority creditor's name and mailing address**

MERRILL LYNCH 401(k)

Creditor Name

Creditor's Notice name

1400 AMERICAN BOULEVARD

Address

PENNINGTON

NJ

08534

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/31/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 18,494.73

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.114 **Nonpriority creditor's name and mailing address**

MIHLFELD & ASSOCIATES INC

Creditor Name

Creditor's Notice name

P.O. BOX 11047

Address

SPRINGFIELD

MO

65808-1047

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 16,789.64

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.115 **Nonpriority creditor's name and mailing address**

MORNEAU SHEPELL LIMITED

Creditor Name

Creditor's Notice name

LBX# 1663

Address

PO BOX 95000

PHILADELPHIA

PA

19195-0001

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/2/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 1,180.23

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.116 **Nonpriority creditor's name and mailing address**

NANCE MANUFACTURING INC

Creditor Name

Creditor's Notice name

2005 S. WEST ST.

Address

WICHITA

KS

67213

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 111,997.71

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.117 **Nonpriority creditor's name and mailing address**

NATIONAL PRECISION BEARING

Creditor Name

Creditor's Notice name

MECHATRONICS, INC

Address

27286 NETWORK PLACE

CHICAGO

IL

60673-1272

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 45,278.56

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.118 **Nonpriority creditor's name and mailing address**

NET-INSPECT

Creditor Name

Creditor's Notice name

25 CENTRAL WAY

Address

SUITE 300

KIRKLAND

WA

98033

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 1,200.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.119 **Nonpriority creditor's name and mailing address**

NEW HAMPSHIRE BALL BEARINGS INC.

Creditor Name

Creditor's Notice name

FILE 15273 COLLECTIONS CENTER DRIVE

Address

CHICAGO

IL

60693

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 10,626.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.120 **Nonpriority creditor's name and mailing address**

NORTH SOUND HOSE & FITTINGS INC.

Creditor Name

Creditor's Notice name

3520 PAINE ST. #1

Address

EVERETT

WA

98201

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 455.01

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.121 **Nonpriority creditor's name and mailing address**

NUWEST GROUP HOLDINGS LLC

Creditor Name

Creditor's Notice name

PO BOX 940

Address

ROSEVILLE

CA

95661

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/27/2020

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 1,582.70

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.122 **Nonpriority creditor's name and mailing address**

NWI Kansas City LLC

Creditor Name

Creditor's Notice name

PO Box 1278

Address

Thomasville

GA

31799

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 74,606.67

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.123 **Nonpriority creditor's name and mailing address**

NWI PRECISION TUBE ULC

Creditor Name

Creditor's Notice name

DEPT 410116

Address

PO BOX 4375 STN A

TORONTO

ON

M5W 0J3

City

State

ZIP Code

CANADA

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 10,000.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.124 **Nonpriority creditor's name and mailing address**

OCCUPATIONAL HEALTH CENTERS OF WASHINGTON, P.S.

Creditor Name

Creditor's Notice name

PO BOX 4300

Address

RANCHO CUCAMONGA

CA

91729-4300

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/6/2020

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 156.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.125 **Nonpriority creditor's name and mailing address**

Office Support Services LLC

Creditor Name

Creditor's Notice name

503 N. Broad Street

Address

Thomasville

GA

31792

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 307,485.60

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.126 **Nonpriority creditor's name and mailing address**

OMEGA PRECISION

Creditor Name

Creditor's Notice name

P.O. BOX 1583

Address

MUKILTEO

WA

98275

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 198,200.56

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.127 **Nonpriority creditor's name and mailing address**

ORION

Creditor Name

Creditor's Notice name

1590 A STREET NE

Address

AUBURN

WA

98002

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 24,106.50

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.128 **Nonpriority creditor's name and mailing address**

ORRICO

Creditor Name

Creditor's Notice name

4150 N SUTTLE ROAD

Address

PORTLAND

OR

97217

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 1,160.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.129 **Nonpriority creditor's name and mailing address**

P.M. TESTING LABORATORY INC

Creditor Name

Creditor's Notice name

3921 PACIFIC HWY E

Address

FIFE

WA

98424

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 397.50

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.130 **Nonpriority creditor's name and mailing address**

PACIFIC DISTRIBUTING INC

Creditor Name

Creditor's Notice name

5017 LACKEY RD NW

Address

VAUGHN

WA

98394

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/11/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 688.25

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.131 **Nonpriority creditor's name and mailing address**

PACIFIC FORGE INC

Creditor Name

Creditor's Notice name

10641 ETIWANDA AVE

Address

FONTANA

CA

92337

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 33,300.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.132 **Nonpriority creditor's name and mailing address**

PACIFIC METALLURGICAL

Creditor Name

Creditor's Notice name

925 5TH AVENUE SOUTH

Address

PO BOX 399

KENT

WA

98035

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 18,185.83

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.133 **Nonpriority creditor's name and mailing address**

PACIFIC NORTHWEST SHREDDING INC

Creditor Name

Creditor's Notice name

P.O. BOX 59773

Address

RENTON

WA

98058-2773

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/9/2021

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:** \$ 250.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.134 **Nonpriority creditor's name and mailing address**

PACIFIC OFFICE AUTOMATION INC.

Creditor Name

Creditor's Notice name

PO BOX 030310

Address

LOS ANGELES

CA

90030-0310

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/24/2021

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:** \$ 3,662.24

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.135 **Nonpriority creditor's name and mailing address**

PACIFIC OFFICE AUTOMATION, INC.

Creditor Name

Creditor's Notice name

14747 NW GREENBRIER PKWY

Address

BEAVERTON

OR

97006

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 1,388.42

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.136 **Nonpriority creditor's name and mailing address**

PARAGON PACIFIC INC

Creditor Name

Creditor's Notice name

STS Operating, INC

Address

P.O. BOX 74007454

CHICAGO

IL

60674-7454

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/8/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 2,157.20

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.137 **Nonpriority creditor's name and mailing address**

PARAGON SERVICES, INC.

Creditor Name

Creditor's Notice name

1015 S. WEST STREET

Address

WICHITA

KS

67213

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/26/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 4,960.50

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.138 **Nonpriority creditor's name and mailing address**

PARTNERSHIP CARD SERVICES

Creditor Name

Creditor's Notice name

COMMERCIAL BANK

Address

P.O. BOX 2181

COLUMBUS

GA

31902-2181

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/24/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 2,599.29

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.139 **Nonpriority creditor's name and mailing address**

PATTONAIR USA, INC

Creditor Name

Creditor's Notice name

1900 ROBOTICS PLACE

Address

FORT WORTH

TX

76118

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/24/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 240.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.140 **Nonpriority creditor's name and mailing address**

PAYFLEX CLAIMS ACCOUNT

Creditor Name

Creditor's Notice name

PO BOX 2239

Address

OMAHA

NE

68103-2239

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/29/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 181.14

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.141 **Nonpriority creditor's name and mailing address**

PCC - PRIMUS INT'L

Creditor Name

Creditor's Notice name

UNIVERSITY SWAGING DIVISION

Address

PO BOX 101976

PASADENA

CA

91189-1976

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 63,789.01

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.142 **Nonpriority creditor's name and mailing address**

PEREGRINE MANUFACTURING, INC

Creditor Name

Creditor's Notice name

19504 24th AVE W

Address

LYNNWOOD

WA

98036

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 3,102.97

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.143 **Nonpriority creditor's name and mailing address**

PETRIE, SHERRI J.

Creditor Name

Creditor's Notice name

10508 W. 99TH STREET

Address

OVERLAND  
PARK

KS

66214

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/28/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 215.46

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.144 **Nonpriority creditor's name and mailing address**

PETROCARD

Creditor Name

Creditor's Notice name

P.O. BOX 34243

Address

SEATTLE

WA

98124-1243

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/15/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 110.48

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.145 **Nonpriority creditor's name and mailing address**

PFS EMPLOYER CONTRIBUTIONS

Creditor Name

Creditor's Notice name

10802 FARNAM DRIVE

Address

SUITE 100

OMAHA

NE

68154

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 2,608.92

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.146 **Nonpriority creditor's name and mailing address**

PIONEER BROACH COMPANY

Creditor Name

Creditor's Notice name

6434 TELEGRAPH ROAD

Address

LOS ANGELES

CA

90040

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 800.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.147 **Nonpriority creditor's name and mailing address**

PIONEER INDUSTRIES

Creditor Name

Creditor's Notice name

7000 HIGHLAND PARKWAY SW

Address

SEATTLE

WA

98106

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/23/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 780.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.148 **Nonpriority creditor's name and mailing address**

PORT PLASTICS INC

Creditor Name

Creditor's Notice name

P.O. BOX 398573

Address

SAN FRANCISCO

CA

94139-8573

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 428.67

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.149 **Nonpriority creditor's name and mailing address**

PPG INTERNATIONAL INC.

Creditor Name

Creditor's Notice name

DEPT 1059

Address

P.O. BOX 121059

DALLAS

TX

75312-1059

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/22/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 948.29

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.150 **Nonpriority creditor's name and mailing address**

PRAXAIR

Creditor Name

Creditor's Notice name

PO BOX 120812 DEPT 0812

Address

DALLAS

TX

75312-0812

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/17/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 763.82

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.151 **Nonpriority creditor's name and mailing address**

PRECISION COIL SPRING

Creditor Name

Creditor's Notice name

10107 ROSE STREET

Address

EL MONTE

CA

91731

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 58,662.30

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.152 **Nonpriority creditor's name and mailing address**

PROGRESSIVE ALLOY STEELS UNLIMITED

Creditor Name

Creditor's Notice name

P.O. BOX 675267

Address

DETROIT

MI

48267-5266

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 1,107.36

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.153 **Nonpriority creditor's name and mailing address**

PROPONENT FKA KAPCO

Creditor Name

Creditor's Notice name

PO BOX 841349

Address

LOS ANGELES CA 90084-1349

City State ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 132.60

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.154 **Nonpriority creditor's name and mailing address**

PROTECTIVE COATINGS INC

Creditor Name

Creditor's Notice name

1208 4th AVE N.

Address

KENT WA 98032

City State ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 34,039.95

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.155 **Nonpriority creditor's name and mailing address**

PUGET SOUND ENERGY

Creditor Name

Creditor's Notice name

PAYMENT PROCESSING

Address

BOT-01H

PO BOX 91269

BELLEVUE

WA

98009-9269

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 2,566.60

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.156 **Nonpriority creditor's name and mailing address**

QUAL-FAB, INC.

Creditor Name

Creditor's Notice name

1705 S. 93RD ST. F-11

Address

SEATTLE

WA

98108

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 15,756.72

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.157 **Nonpriority creditor's name and mailing address**

QUALITY STAMPING & MACHINING INC

Creditor Name

Creditor's Notice name

1907 137TH AVE E

Address

SUMNER

WA

98390

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 156,003.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.158 **Nonpriority creditor's name and mailing address**

R & S MACHINING INC

Creditor Name

Creditor's Notice name

4800 BAUMGARTNER ROAD

Address

ST LOUIS

MO

63129

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/26/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 1,700.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.159 **Nonpriority creditor's name and mailing address**

RADIUS FABRICATIONS-FORT WORTH, INC.

Creditor Name

Creditor's Notice name

P.O. BOX 640080

Address

PITTSBURGH PA 15264-0080

City State ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 48,965.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.160 **Nonpriority creditor's name and mailing address**

RBC AIRCRAFT PRODUCTS

Creditor Name

Creditor's Notice name

9211 PAYSHERE CIR

Address

CHICAGO IL 60674

City State ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 22,874.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.161 **Nonpriority creditor's name and mailing address**

RBC BEARINGS

Creditor Name

Creditor's Notice name

9211 PAYSHERE CIRCLE

Address

CHICAGO

IL

60674

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/16/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 10,304.75

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.162 **Nonpriority creditor's name and mailing address**

RBC TRANSPORT DYNAMICS

Creditor Name

Creditor's Notice name

9211 PAYSHERE CIRCLE

Address

CHICAGO

IL

60674

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 4,675.50

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.163 **Nonpriority creditor's name and mailing address**

RED WING BRANDS OF AMERICA INC

Creditor Name

Creditor's Notice name

RED WING BUSINESS ADVANTAGE ACCOUNT

Address

PO BOX 844329

DALLAS

TX

75284-4329

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/10/2021

**Last 4 digits of account number**

number

As of the petition filing date, the claim is: \$ 255.65

Check all that apply.

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.164 **Nonpriority creditor's name and mailing address**

RENTON COIL SPRING CO

Creditor Name

Creditor's Notice name

425 S 7TH ST

Address

PO BOX 880

RENTON

WA

98057-0880

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

As of the petition filing date, the claim is: \$ 32,851.27

Check all that apply.

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.165 **Nonpriority creditor's name and mailing address**

REPUBLIC SERVICES

Creditor Name

Creditor's Notice name

PO BOX 78829

Address

PHOENIX

AZ

85062-8829

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 4,531.69

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.166 **Nonpriority creditor's name and mailing address**

REXNORD INC

Creditor Name

Creditor's Notice name

PO BOX 93944

Address

CHICAGO

IL

60673-3944

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 48,178.11

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.167 **Nonpriority creditor's name and mailing address**

ROLLED ALLOYS, INC.

Creditor Name

Creditor's Notice name

125 W. STERNS ROAD

Address

TEMPERANCE

MI

48182

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/26/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 449.28

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.168 **Nonpriority creditor's name and mailing address**

S.S. WHITE TECHNOLOGIES INC

Creditor Name

Creditor's Notice name

8300 SHEEN DRIVE

Address

ST. PETERSBURG

FL

33709

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/18/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 3,029.16

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.169 **Nonpriority creditor's name and mailing address**

SAFETY-KLEEN CORP

Creditor Name

Creditor's Notice name

PO BOX 975201

Address

DALLAS

TX

75397-5201

City

State

ZIP Code

Country

**Date or dates debt was incurred**

1/12/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 2,961.38

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.170 **Nonpriority creditor's name and mailing address**

SARGENT AEROSPACE & DEFENSE

Creditor Name

Creditor's Notice name

LOCKBOX #12818

Address

12818 COLLECTIONS CENTER DRIVE

CHICAGO

IL

60693

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 23,800.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.171 **Nonpriority creditor's name and mailing address**

SEALED AIR CORPORATION

Creditor Name

Creditor's Notice name

26077 Network Place

Address

CHICAGO

IL

60673-1260

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/17/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 609.45

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.172 **Nonpriority creditor's name and mailing address**

SEATTLE FACILITY SERVICES, LLC

Creditor Name

Creditor's Notice name

9623 32ND STREET SE

Address

BLDG D, SUITE 117

LAKE STEVENS

WA

98258

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 6,494.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.173 **Nonpriority creditor's name and mailing address**

SECURITY ESSENTIALS

Creditor Name

Creditor's Notice name

8584 E. WASHINGTON ST.,#403

Address

CHAGRIN FALLS OH 44023

City State ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 900.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.174 **Nonpriority creditor's name and mailing address**

SELWAY MACHINE TOOL CO

Creditor Name

Creditor's Notice name

29250 UNION CITY BLVD.

Address

UNION CITY CA 94587

City State ZIP Code

Country

**Date or dates debt was incurred**

2/17/2021

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 1,546.31

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.175 **Nonpriority creditor's name and mailing address**

SERVICE STEEL AEROSPACE

Creditor Name

Creditor's Notice name

UNITED ALLOUS AM/DYNAMIC METALS

Address

14735 COLLECTIONS CENTER DR

CHICAGO

IL

60693

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 129,426.55

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.176 **Nonpriority creditor's name and mailing address**

Shaun Donnellan

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 74,083.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Director's Fees

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.177 **Nonpriority creditor's name and mailing address**

SHIM-IT CORP

Creditor Name

Creditor's Notice name

1691 CALIFORNIA AVENUE

Address

CORONA

CA

92881-3375

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 4,424.30

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.178 **Nonpriority creditor's name and mailing address**

SKILLS INC.

Creditor Name

Creditor's Notice name

715 - 30TH STREET NE

Address

AUBURN

WA

98002

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 3,807.30

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.179 **Nonpriority creditor's name and mailing address**

SONITROL PACIFIC

Creditor Name

Creditor's Notice name

8220 N. INTERSTATE AVE

Address

PORTLAND

OR

97217-6635

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 864.54

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.180 **Nonpriority creditor's name and mailing address**

SPIRIT AEROSYSTEMS

Creditor Name

Creditor's Notice name

P.O. BOX 2978

Address

WICHITA

KS

67201-2978

City

State

ZIP Code

Country

**Date or dates debt was incurred**

10/14/2020

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 32,236.78

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.181 **Nonpriority creditor's name and mailing address**

Spirit Aerosystems

Creditor Name

Creditor's Notice name

3801 S Oliver Street

Address

Wichita

KS

67210

City

State

ZIP Code

Country

**Date or dates debt was incurred**

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ Undetermined

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Litigation

**Is the claim subject to offset?**

No

Yes

3.182 **Nonpriority creditor's name and mailing address**

SPIRIT AEROSYSTEMS, INC

Creditor Name

Creditor's Notice name

3355 S. OLIVER

Address

Wichita

KS

67210

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 508,148.50

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Payments to Vendors

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.183 **Nonpriority creditor's name and mailing address**

Stony Point Equipment Finance LLC

Creditor Name

Creditor's Notice name

Two Town Square Blvd.

Address

Suite 310

Ashville

NC

28809

City

State

ZIP Code

Country

**Date or dates debt was incurred**

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 278,588.14

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Deferred Lease Payments

3.184 **Nonpriority creditor's name and mailing address**

STONY POINT GROUP, INC

Creditor Name

Creditor's Notice name

Two Town Square Blvd.

Address

Suite 310

Ashville

NC

28809

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 46,414.51

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.185 **Nonpriority creditor's name and mailing address**

SULLIVAN PRECISION METAL FINISHING

Creditor Name

Creditor's Notice name

995 NORTH SERVICE ROAD, WEST

Address

SULLIVAN

MO

63080

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/25/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 400.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.186 **Nonpriority creditor's name and mailing address**

SUNSHINE METALS INC

Creditor Name

Creditor's Notice name

PO BOX 8332

Address

PASADENA

CA

91109-8332

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 11,014.08

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.187 **Nonpriority creditor's name and mailing address**

TARR

Creditor Name

Creditor's Notice name

PO BOX 35142 - #28324

Address

SEATTLE

WA

98124-5142

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 795.60

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.188 **Nonpriority creditor's name and mailing address**

TAZMANIAN FREIGHT SYSTEMS, INC

Creditor Name

Creditor's Notice name

PO BOX 74008270

Address

CHICAGO

IL

60674-8270

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 17,508.52

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.189 **Nonpriority creditor's name and mailing address**

TECH-MARINE ENTERPRISES

Creditor Name

Creditor's Notice name

5111 4th Street E.

Address

FIFE

WA

98424

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 619.65

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.190 **Nonpriority creditor's name and mailing address**

TECT Aerospace Hypervelocity Inc

Creditor Name

Creditor's Notice name

5545 North Mill Heights Dr.

Address

Park City

KS

67219

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 10,794,580.97

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Intercompany Balances

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.191 **Nonpriority creditor's name and mailing address**

TECT Aerospace Wellington, Inc.

Creditor Name

Creditor's Notice name

1515 North A Street

Address

Wellington

KS

67152

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 43,740.85

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.192 **Nonpriority creditor's name and mailing address**

TERRACON CONSULTANTS, INC.

Creditor Name

Creditor's Notice name

P.O. BOX 959673

Address

ST LOUIS

MO

63195-9673

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 630.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.193 **Nonpriority creditor's name and mailing address**

THE BOEING COMPANY

Creditor Name

Creditor's Notice name

PO BOX 277851

Address

ATLANTA

GA

30384-7851

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:** \$ 234,983.97

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Materials Purchased

3.194 **Nonpriority creditor's name and mailing address**

THE BOEING COMPANY

Creditor Name

Creditor's Notice name

100 North Riverside

Address

Chicago

IL

60606

City

State

ZIP Code

Country

**Date or dates debt was incurred**

**Last 4 digits of account**

number

**As of the petition filing date, the claim is:** \$ 14,920,168.08

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Advance Payment

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.195 **Nonpriority creditor's name and mailing address**

THOMPSON GUNDRILLING

Creditor Name

Creditor's Notice name

13840 SATICOY STREET

Address

VAN NUYS

CA

91402

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 21,790.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.196 **Nonpriority creditor's name and mailing address**

TIAA COMMERCIAL FINANCE, INC

Creditor Name

Creditor's Notice name

PO BOX 911608

Address

DENVER

CO

80291-1608

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/12/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 301.89

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.197 **Nonpriority creditor's name and mailing address**

TRINITY PRECISION INC

Creditor Name

Creditor's Notice name

1935 W. WALKER STREET

Address

WICHITA

KS

67213

City

State

ZIP Code

Country

**Date or dates debt was incurred**

2/15/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 68.50

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.198 **Nonpriority creditor's name and mailing address**

TRUCK TRAILS NORTHWEST LLC

Creditor Name

Creditor's Notice name

12405 MUKILTEO SPEEDWAY

Address

LYNNWOOD

WA

98087-1531

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/26/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 2,295.06

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.199 **Nonpriority creditor's name and mailing address**

TW METALS

Creditor Name

Creditor's Notice name

PO BOX 933014

Address

ATLANTA

GA

31193-3014

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 20,062.20

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.200 **Nonpriority creditor's name and mailing address**

U.S. CASTINGS LLC

Creditor Name

Creditor's Notice name

P.O. BOX 678

Address

ENTIAT

WA

98822

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Not Stated

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 10,849.49

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.201 **Nonpriority creditor's name and mailing address**

UNITED RECYCLING & CONTAINER

Creditor Name

Creditor's Notice name

18827 YEW WAY

Address

SNOHOMISH

WA

98296

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 105.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.202 **Nonpriority creditor's name and mailing address**

Utica Realty Holdings V LLC

Creditor Name

Creditor's Notice name

Two Town Square Blvd.

Address

Suite 310

Ashville

NC

28809

City

State

ZIP Code

Country

**Date or dates debt was incurred**

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 315,735.82

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Deferred Lease Payments

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.203 **Nonpriority creditor's name and mailing address**

Utica Realty Kent LLC

Creditor Name

Creditor's Notice name

Two Town Square Blvd.

Address

Suite 310

Ashville

NC

28809

City

State

ZIP Code

Country

**Date or dates debt was incurred**

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:**

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Deferred Lease Payments

248,521.80

\$ 208,521.50

**AMOUNT UPDATED**

**Is the claim subject to offset?**

No

Yes

3.204 **Nonpriority creditor's name and mailing address**

VALENCE EVERETT

Creditor Name

Creditor's Notice name

PO BOX 740513

Address

LOS ANGELES

CA

90074-0513

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

16,061.37

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.205 **Nonpriority creditor's name and mailing address**

VANAM TOOL & ENGINEERING, LLC

Creditor Name

Creditor's Notice name

PO BOX 870400

Address

KANSAS CITY MO 64187-0400

City State ZIP Code

Country

**Date or dates debt was incurred**

3/15/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 2,105.76

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.206 **Nonpriority creditor's name and mailing address**

VENDORIN LLC.

Creditor Name

Creditor's Notice name

P.O. BOX 1937

Address

HATTIESBURG MS 39403

City State ZIP Code

Country

**Date or dates debt was incurred**

3/19/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 183.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.207 **Nonpriority creditor's name and mailing address**

VERIZON WIRELESS

Creditor Name

Creditor's Notice name

PO BOX 660108

Address

DALLAS

TX

75266-0108

City

State

ZIP Code

Country

**Date or dates debt was incurred**

4/2/2021

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 3,483.46

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.208 **Nonpriority creditor's name and mailing address**

VIDEOJET TECHNOLOGIES

Creditor Name

Creditor's Notice name

12113 COLLECTIONS CENTER DR

Address

FEDERAL ID# 36-2822116

CHICAGO

IL

60693

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

number

**As of the petition filing date, the claim is:** \$ 3,357.72

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.209 **Nonpriority creditor's name and mailing address**

WALTER E NELSON CO OF WESTERN WA

Creditor Name

Creditor's Notice name

813 - 44TH STREET NW

Address

AUBURN

WA

98001

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 579.14

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

3.210 **Nonpriority creditor's name and mailing address**

WEATHERFORD AEROSPACE INC

Creditor Name

Creditor's Notice name

LOCKBOX COLLECTIONS

Address

P.O. BOX 6387

CAROL STREAM

IL

60197-6387

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/18/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 2,664.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.211 **Nonpriority creditor's name and mailing address**

WESCO AIRCRAFT

Creditor Name

Creditor's Notice name

PO BOX 734341

Address

DALLAS

TX

75373-4341

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 80,814.56

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.212 **Nonpriority creditor's name and mailing address**

WICHITA COUNTRY CLUB

Creditor Name

Creditor's Notice name

P.O. BOX 8105, MUNGER STATION

Address

WICHITA

KS

67208

City

State

ZIP Code

Country

**Date or dates debt was incurred**

3/19/2021

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 2,050.01

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.213 **Nonpriority creditor's name and mailing address**

William McCormick

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 76,766.10

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Director's Fees

3.214 **Nonpriority creditor's name and mailing address**

Willis, Emily

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

**Date or dates debt was incurred**

1/23/2018

**Last 4 digits of account**

**number**

**As of the petition filing date, the claim is:** \$ 239.01

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Flex Benefits

**Is the claim subject to offset?**

No

Yes

Debtor: TECT Aerospace, LLC

Case number (if known): 21-10674

Name

3.215 **Nonpriority creditor's name and mailing address**

WS WILSON CORP

Creditor Name

Creditor's Notice name

24 HARBOR PARK DRIVE

Address

PORT WASHINGTON

NY

11050

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 7,030.00

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

3.216 **Nonpriority creditor's name and mailing address**

ZIPLY FIBER

Creditor Name

Creditor's Notice name

PO BOX 740416

Address

CINCINNATI

OH

45274-0416

City

State

ZIP Code

Country

**Date or dates debt was incurred**

Various

**Last 4 digits of account number**

**As of the petition filing date, the claim is:** \$ 707.31

*Check all that apply.*

Contingent

Unliquidated

Disputed

**Basis for the claim:**

Trade

**Is the claim subject to offset?**

No

Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors. If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
Name _____ Notice Name _____ Street _____ _____ _____	Line _____ <input type="checkbox"/> Not Listed.Explain _____	_____
City _____ State _____ ZIP Code _____		
Country _____		

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	5a.	\$	3,109,373.49
			32,913,373.12
5b. Total claims from Part 2	5b. +	\$	32,873,372.82
			36,022,746.64
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$	35,982,746.31

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

Debtor Name: In re : TECT Aerospace, LLC  
 United States Bankruptcy Court for the: District of Delaware  
 Case number (if known): 21-10674 (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 have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule     E/F, Part 2
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

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

Executed on 05/12/2021  
 MM / DD / YYYY

✱ /s/ Kevin O. Larson  
 Signature of individual signing on behalf of debtor

Kevin O. Larson  
 Printed name  
Vice President of Finance  
 Position or relationship to debtor