

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

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<i>In re</i>	:	Chapter 11
	:	
TECT AEROSPACE GROUP HOLDINGS,	:	Case No. 21-10670 (KBO)
INC., <i>et al.</i> ,	:	
	:	Jointly Administered
Debtors. ¹	:	
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NOTICE OF FILING OF SECOND 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 (the “Court”).

PLEASE TAKE FURTHER NOTICE that, on May 12, 2021, TECT Aerospace filed its *Amended Schedules of Assets and Liabilities* [Docket No. 170] (the “First Schedule Amendment”) with the Court, correcting the amount of the nonpriority unsecured claim of Utica Realty Kent LLC.

PLEASE TAKE FURTHER NOTICE that TECT Aerospace is hereby filing a further amendment to Schedule E/F (Creditors Who Have Unsecured Claims) (the “Second Schedule Amendment”) to add certain creditors who have, in whole or in part, priority unsecured claims.

PLEASE TAKE FURTHER NOTICE that a copy of the Second Schedule Amendment is

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



attached hereto as **Exhibit A**. The Second Schedule Amendment is a supplement to, and does not replace, the previously filed Schedule E/F. For the avoidance of doubt, the Second Schedule Amendment does not affect any claimants or claims identified on Schedule E/F (filed on May 3, 2021 and May 12, 2021) but not identified on the corresponding Second Schedule Amendment. The Second Schedule 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 18, 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

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

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

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

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
 \$ 3,269,921.90

Total Updated

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*

+ \$ 32,873,372.82

4. Total liabilities

Lines 2 + 3a + 3b

79,156,138.15
 \$ 79,316,686.56

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.

Note: Only new claims are listed for Schedule E/F, Part 1. This is not a restatement.

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
\$ 1,080.00	\$ 1,080.00

2.1 Priority creditor's name and mailing address

Anderson, Ron
Creditor Name

Creditor's Notice name

Address on File

Address

City State ZIP Code

Country

Date or dates debt was incurred

12/30/2020

Last 4 digits of account number 0004

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

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

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Retention Payments

Is the claim subject to offset?

- No
- 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
2.2	<p>Priority creditor's name and address DVORAK, DARIN ADDRESS ON FILE</p> <p>Date or dates debt was incurred: 2/26/21 Last 4 digits of account number: 6419 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$15,290.00	\$13,650.00
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: Retention Payments</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.3	<p>Priority creditor's name and address EVENSON, ALLEN ADDRESS ON FILE</p> <p>Date or dates debt was incurred: 12/30/20 Last 4 digits of account number: 6478 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$1,940.00	\$1,940.00
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: Retention Payments</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.4	<p>Priority creditor's name and address HART, GEORGE ADDRESS ON FILE</p> <p>Date or dates debt was incurred: 1/29/21 Last 4 digits of account number: 0001 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$5,604.00	\$5,604.00
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: Retention Payments</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.5	<p>Priority creditor's name and address JOHNSON, MICHAEL ADDRESS ON FILE</p> <p>Date or dates debt was incurred: 1/22/21 Last 4 digits of account number: 5454 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$3,572.00	\$3,572.00
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: Retention Payments</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.6	<p>Priority creditor's name and address MILLER, ROBERT ADDRESS ON FILE</p> <p>Date or dates debt was incurred: 12/31/20 Last 4 digits of account number: 5647 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$1,060.00	\$1,060.00
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: Retention Payments</p> <p>Is the claim subject to offset? <input 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
2.7	<p>Priority creditor's name and address NGUYEN, QUANG ADDRESS ON FILE</p> <p>Date or dates debt was incurred: 11/11/20 Last 4 digits of account number: 9740 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$1,180.00	\$1,180.00
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: Retention Payments</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.8	<p>Priority creditor's name and address NORWOOD, JANET ADDRESS ON FILE</p> <p>Date or dates debt was incurred: 12/30/20 Last 4 digits of account number: 9257 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$993.60	\$993.60
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: Retention Payments</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.9	<p>Priority creditor's name and address OSBORN, RYAN ADDRESS ON FILE</p> <p>Date or dates debt was incurred: 1/29/21 Last 4 digits of account number: 5305 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$7,596.00	\$7,596.00
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: Retention Payments</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.10	<p>Priority creditor's name and address SODEN, JAMES ADDRESS ON FILE</p> <p>Date or dates debt was incurred: 2/24/21 Last 4 digits of account number: 0002 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$10,812.80	\$10,812.80
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: Retention Payments</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
2.11	<p>Priority creditor's name and address SODEN, SCOTT ADDRESS ON FILE</p> <p>Date or dates debt was incurred: 3/1/21 Last 4 digits of account number: 0016 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$16,148.00	\$13,650.00
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: Retention Payments</p> <p>Is the claim subject to offset? <input 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
2.12	Priority creditor's name and address STALEY, FRELAN ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: Retention Payments Date or dates debt was incurred: 2/19/21 Last 4 digits of account number: 1518 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$10,534.20	\$10,534.20
2.13	Priority creditor's name and address STAPLES, ROBERT ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: Retention Payments Date or dates debt was incurred: 1/29/21 Last 4 digits of account number: 1960 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$14,684.55	\$13,650.00
2.14	Priority creditor's name and address STEWART, STEVEN ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: Retention Payments Date or dates debt was incurred: 12/30/20 Last 4 digits of account number: 8820 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,442.00	\$1,442.00
2.15	Priority creditor's name and address THONG, SOTHY ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: Retention Payments Date or dates debt was incurred: 12/30/20 Last 4 digits of account number: 0005 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$1,230.00	\$1,230.00
2.16	Priority creditor's name and address VU, THIEN ADDRESS ON FILE As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: Retention Payments Date or dates debt was incurred: 2/19/21 Last 4 digits of account number: 7251 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4) Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$12,610.00	\$12,610.00

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	Priority creditor's name and address VU, TUNG ADDRESS ON FILE Date or dates debt was incurred: 1/29/21 Last 4 digits of account number: 6004 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$9,120.00	\$9,120.00
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: Retention Payments Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.18	Priority creditor's name and address WARREN, GLENN ADDRESS ON FILE Date or dates debt was incurred: 2/26/21 Last 4 digits of account number: 2959 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$37,465.26	\$13,650.00
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: Retention Payments Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.19	Priority creditor's name and address WILSON, TAMMY ADDRESS ON FILE Date or dates debt was incurred: 12/30/20 Last 4 digits of account number: 5623 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$1,226.00	\$1,226.00
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: Retention Payments Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.20	Priority creditor's name and address WITTMAYER, JOLENE ADDRESS ON FILE Date or dates debt was incurred: 1/29/21 Last 4 digits of account number: 0002 Specify Code subsection of Priority unsecured claim: 11 U.S.C. § 507(a)(4)	\$6,960.00	\$6,960.00
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: Retention Payments Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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	Total Amount Updated	5a.	3,409,373.49
		\$	<u>3,269,921.90</u>
5b. Total claims from Part 2		5b. +	\$ <u>32,873,372.82</u>
5c. Total of Parts 1 and 2	Total Amount Updated	5c.	35,982,746.31
Lines 5a + 5b = 5c.		\$	<u>36,143,294.72</u>

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 1*
- 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 05/18/2021
 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